



APA-2  
6/93

**ALABAMA STATE BOARD  
OF MEDICAL EXAMINERS**

**NOTICE OF INTENDED ACTION**

**AGENCY NAME:** Alabama State Board of Medical Examiners  
**RULE NO. & TITLE:** 540-X-10, Appendix A, Continuum of Depth of Sedation  
**INTENDED ACTION:** To repeal and replace the Appendix

**SUBSTANCE OF PROPOSED ACTION:** To repeal and replace the Appendix with an updated version.

**TIME, PLACE, MANNER OF PRESENTING VIEWS:** All interested persons may submit data, views, or arguments, orally or in writing, concerning the proposed new rules. For written submissions, submit to: Patricia E. Shaner, Office of General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, 848 Washington Avenue (36104), Montgomery, Alabama 36101-0946, by mail or in person between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, until and including Friday, May 5, 2017. Persons wishing to obtain copies of the text of this rule should contact Patricia E. Shaner, Office of General Counsel, (334-242-4116), PO Box 946, 848 Washington Avenue (36104), Montgomery, Alabama 36101-0946, email [ckruger@albme.org](mailto:ckruger@albme.org), or obtain it from the Board's web site, [www.albme.org](http://www.albme.org).

**FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:** May 5, 2017

**CONTACT PERSON AT AGENCY:** Patricia E. Shaner, Office of General Counsel, 334-242-4116; PO Box 946, Montgomery, AL 36101-0946; 848 Washington Avenue, Montgomery, AL 36104

  
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Norris W. Green, Executive Director

**CONTINUUM OF DEPTH OF SEDATION:  
DEFINITION OF GENERAL ANESTHESIA AND LEVELS OF SEDATION/ANALGESIA\***

**Committee of Origin: Quality Management and Departmental Administration**

**(Approved by the ASA House of Delegates on October 13, 1999, and last amended on  
October 15, 2014)**

	<i>Minimal Sedation Anxiolysis</i>	<i>Moderate Sedation/ Analgesia ("Conscious Sedation")</i>	<i>Deep Sedation/ Analgesia</i>	<i>General Anesthesia</i>
<i>Responsiveness</i>	Normal response to verbal stimulation	Purposeful** response to verbal or tactile stimulation	Purposeful** response following repeated or painful stimulation	Unarousable even with painful stimulus
<i>Airway</i>	Unaffected	No intervention required	Intervention may be required	Intervention often required
<i>Spontaneous Ventilation</i>	Unaffected	Adequate	May be inadequate	Frequently inadequate
<i>Cardiovascular Function</i>	Unaffected	Usually maintained	Usually maintained	May be impaired

**Minimal Sedation (Anxiolysis)** is a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and physical coordination may be impaired, airway reflexes, and ventilatory and cardiovascular functions are unaffected.

**Moderate Sedation/Analgesia ("Conscious Sedation")** is a drug-induced depression of consciousness during which patients respond purposefully\*\* to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

\* Monitored Anesthesia Care ("MAC") does not describe the continuum of depth of sedation, rather it describes "a specific anesthesia service in which an anesthesiologist has been requested to participate in the care of a patient undergoing a diagnostic or therapeutic procedure."

\*\* Reflex withdrawal from a painful stimulus is NOT considered a purposeful response.

**Deep Sedation/Analgesia** is a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully\*\* following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

**General Anesthesia** is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

Because sedation is a continuum, it is not always possible to predict how an individual patient will respond. Hence, practitioners intending to produce a given level of sedation should be able to rescue\*\*\* patients whose level of sedation becomes deeper than initially intended. Individuals administering Moderate Sedation/Analgesia (“Conscious Sedation”) should be able to rescue\*\*\* patients who enter a state of Deep Sedation/Analgesia, while those administering Deep Sedation/Analgesia should be able to rescue\*\*\* patients who enter a state of General Anesthesia.

\*\* Reflex withdrawal from a painful stimulus is NOT considered a purposeful response.

\*\*\* Rescue of a patient from a deeper level of sedation than intended is an intervention by a practitioner proficient in airway management and advanced life support. The qualified practitioner corrects adverse physiologic consequences of the deeper-than-intended level of sedation (such as hypoventilation, hypoxia and hypotension) and returns the patient to the originally intended level of sedation. It is not appropriate to continue the procedure at an unintended level of sedation.



**Continuum of Depth of Sedation**

**Definition of General Anesthesia and Levels of Sedation/Analgesia\***

(Approved by House of Delegates on October 13, 1999)

	<b>Minimal Sedation (Anxiolysis)</b>	<b>Moderate Sedation/Analgesia ("Conscious Sedation")</b>	<b>Deep Sedation/Analgesia</b>	<b>General Anesthesia</b>
<b>Responsiveness</b>	Normal response to verbal stimulation	Purposeful** response to verbal or tactile stimulation	Purposeful** response following repeated or painful stimulation	Unarousable even with painful stimulus
<b>Airway</b>	Unaffected	no intervention required	Intervention may be required	Intervention often required
<b>Spontaneous Ventilation</b>	Unaffected	Adequate	May be inadequate	Frequently inadequate
<b>Cardiovascular Function</b>	Unaffected	Usually maintained	Usually maintained	May be impaired

**Minimal Sedation (Anxiolysis)** is a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.

**Moderate Sedation/Analgesia ("Conscious Sedation")** is a drug-induced depression of consciousness during which patients respond purposefully\*\* to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

**Deep Sedation/Analgesia** is a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully\*\* following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

**General Anesthesia** is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often

require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired. Because sedation is a continuum, it is not always possible to predict how an individual patient will respond. Hence, practitioners intending to produce a given level of sedation should be able to rescue patients whose level of sedation becomes deeper than initially intended. Individuals administering Moderate Sedation/Analgesia ("Conscious Sedation") should be able to rescue patients who enter a state of Deep Sedation/Analgesia, while those administering Deep Sedation/Analgesia should be able to rescue patients who enter a state of general anesthesia.

\* Monitored Anesthesia Care does not describe the continuum of depth of sedation, rather it describes "a specific anesthesia service in which an anesthesiologist has been requested to participate in the care of a patient undergoing a diagnostic or therapeutic procedure."

\*\*Reflex withdrawal from a painful stimulus is NOT considered a purposeful response.

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