



Bridge Clinic Sedation Policy

Version: 1
Date Created: 05/11/2022
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Printed copies are for reference only.
Please refer to the electronic copy of this policy for the latest version.

Purpose:

To manage a patient who has overdosed or is near overdose safely, while minimizing PCHC and staff liability. We want to ensure that all patients are treated as they wish, while also maintaining their safety and the safety of the clinic

Policy Applies: (check all that apply)

- All Staff
- Administrative Staff
- Clinical Staff
- Providers
- Board of Directors
- Only applies to this or these sites: Bridge Clinic

Policy:

- **When is a patient considered to be over-sedated?**
 - A patient is considered to be over-sedated if they are struggling to remain alert when interacting with staff or when they are not interacting with staff
 - A patient is considered to be over-sedated if they have any of the following:
 - Respirations fall below 12 respirations per minute at rest
 - Heart rate falls below 60 beats per minute at rest
 - Vital signs become unstable at any point
 - There is evidence for any alteration of neurological status
 - They are unable to cooperate with staff
- **Who is able to deem a patient to be over-sedate?**
 - Any staff member
- **What to do if a patient is considered to be over-sedated?**
 - If any staff member has determined that a patient is over-sedated and possibly requiring Naloxone 4mg a **CODE: O** will be called to all staff. This will alert all staff members of an active or potentially imminent medical emergency that is likely an overdose.
 - All **clinical** staff will respond and a point person will be identified to run the code. The point person will dismiss staff as appropriate. **NO ONE** is to leave the Code until they have been dismissed by the point person to ensure adequate staff.
 - The point person will designate a recorder. The recorder will be expected to record the time of initial evaluation, vital signs and all administered treatment with the associated time in which it took place

- The point person will evaluate the patient for level of sedation and obtains vital signs with a medical assistant
 - An automatic blood pressure cuff will be placed on the patient to go off every 5 minutes. An oxygen saturation probe will be placed on a finger and LEFT IN PLACE at all times to alert of oxygen desaturation
- If the point person deems the patient requires Naloxone, it will be administered intranasally (4mg) and the time and nostril used recorded.
- If the patient does not become responsive within one minute, 911 will be initiated and a second Naloxone (4mg) will be administered intranasally in the appropriate time frame
 - *If the patient requires more than one Naloxone 4mg dose they will no longer be allowed to remain in the Bridge Clinic*
- **What to do if the patient becomes responsive?**
 - The patient will be notified if they do become responsive that they required multiple Naloxone treatments and therefore will need to be transported to the ER for monitoring.
 - If the patient refused to be transported to the ER they will be notified that they cannot stay in Bridge Clinic for their safety as Bridge Clinic is unable to provide the intensive level of monitoring required.
 - A provider will explain the risks of overdose to the patient and again encourage monitoring in the ER. If they patient still refuses, we will attempt to identify a person who can stay with the patient and monitor them outside of the Bridge Clinic.
 - The risk for overdose and death will be explained to this person and we will encourage them to call 911 immediately if the patient becomes unresponsive
 - Naloxone will be provided to the patient or the person who can stay with the patient.
- **What to do if the patient cannot identify a safety person?**
 - If a patient cannot identify someone to monitor them for safety and they choose to leave the clinic, we will attempt to identify where the patient will be going to. We will then call the appropriate police department to perform a *Wellness Check*
 - Naloxone will be provided to the patient
- **What to do if the patient refuses to leave the Bridge Clinic?**
 - If the patient refuses to leave the clinic we will notify the patient that unfortunately we will need to call the police to escort them to the ER for monitoring.
- **What to do if the patient becomes responsive, continues to be alert and required only one dose of Naloxone?**
 - If the patient becomes responsive within one minute of the first Naloxone administration, the point person will attempt to get the patient to consent to an ER evaluation
 - The point person will explain the risks of overdose to the patient and again encourage monitoring in the ER. If they patient still refuses, we will attempt to identify a person who can stay with the patient and monitor them outside of the Bridge Clinic.

- It will need to be explained to the patient and this person the risk for overdose and death and encourage them to call 911 immediately if the patient becomes unresponsive
 - Naloxone will be provided to the patient
 - The patient may leave the building at any time without staff notifying emergency personnel unless they are deemed to be at immediate risk to themselves or others
- **What follow up steps must be taken?**
 - Staff involved will notify the Clinical Lead and/or Dr. Amarendran and/or Dr. Shearer of the event.
 - All information regarding this event will be recorded in the EMR.