American College of
Emergency Physicians®
ADVANCING EMERGENCY CARE

March 2, 2007

Anita Ristau, RN
Vermont Board of Nursing
81 River Street
Montpelier, VT 05609-1106

Dear Ms. Ristau,

The American College of Emergency Physicians (ACEP) is a national medical specialty society representing emergency medicine with more than 25,000 members. ACEP is committed to advancing emergency care through continuing education, research, and public education.

ACEP members in Vermont have brought to our attention a proposed position statement titled, "Administration of Propofol (Diprivan)." Statements below reflect ACEP's position on this issue.

ACEP supports "the delivery of medications used for procedural sedation and analgesia by credentialed emergency nurses working under the direct supervision of an emergency physician. These agents include but are not limited to etomidate, propofol, ketamine, fentanyl and midazolam," as indicated in a joint policy statement developed by ACEP and the Emergency Nurses Association in 2005 (statement attached).

Patients come to the emergency department (ED) with a variety of complaints that require administration of analgesia and sedation to perform time-sensitive procedures to diagnose and treat their conditions as well as alleviate pain. Proactively addressing pain and anxiety may improve quality of care and patient satisfaction by facilitating interventional procedures and minimizing patient suffering. In order to provide timely care to patients in the ED, it is important that appropriately trained emergency nurses under the direct supervision of the emergency physician be able to continue to administer medication for sedation and analgesia.

Of concern in the proposed Vermont position statement is the phrase under Scope of Practice that indicates registered nurses under the direction of an attending physician can administer propofol "In Emergency Room settings for short duration procedures when a physician and a person trained to administer anesthesia or a respiratory therapist is directly present." This statement indicates that besides the emergency physician and registered nurse, a third person trained to administer anesthesia or a respiratory therapist is required to be present.

ACEP recognizes that effective and safe sedation requires the selection of the appropriate drugs, given in appropriate doses, on selected patients, and in the proper environment. Because individual patients vary in their response to medications and sedation for analgesia is a continuum, the practitioner providing sedation and analgesia should possess the skills required to rescue a patient one level greater than the intended level of sedation. So if deep sedation is required to perform a procedure, the practitioner is expected to be competent in skills involving cardiovascular support and airway management as in general anesthesia.

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Providing procedural sedation and analgesia is within the scope of practice of emergency medicine and is a core competency in emergency medicine residency training programs (attached policy). Emergency physicians are trained in resuscitation and stabilization of critically ill patients and in airway management and intervention. The Residency Review Committee for Emergency Medicine has requirements for the number of intubations, cricothyrotomys, and sedation procedures to be performed by each emergency medicine resident during their training. Just as with other specialties, emergency medicine faculties are credentialed for performing procedures by the hospitals in which they teach.

Procedural sedation and analgesia at both moderate and deep levels has been shown to be safe and effective when properly administered by emergency physicians. There is a growing body of evidence supporting the safe use of a large variety of agents for procedural sedation and analgesia in the ED, including but not limited to propofol. Descriptions of this evidence are reflected in two ACEP clinical policies regarding procedural sedation (attached).

The Joint Commission on Accreditation of Healthcare Organizations does not specify who can deliver sedation nor that only certain drugs be used. The Joint Commission does seek assurance that the health care professional administering sedation is appropriately trained and can provide appropriate airway management in the event of an unanticipated patient reaction to the sedation. Emergency physicians are appropriately trained to administer sedation and provide airway management. Thus emergency physicians and credentialed emergency nurses under their supervision are qualified to provide procedural sedation/analgesia in the emergency department without the requirement for the presence of a third specialist.

ACEP encourages the Vermont Nursing Board to allow credentialed nurses under the direct supervision of an emergency physician to deliver medications, including but not limited to propofol, for procedural sedation and analgesia in the ED, and not require a third specialist be present.

ACEP appreciates the opportunity to communicate with you on this important position statement that affects timely, quality care in the ED.

Best wishes,

Brian F Keaton MD

Brian F. Keaton, MD, FACEP
President