

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Specialty \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

Fax \_\_\_\_\_

## MODERATE (Procedural Related) SEDATION

The Study Guide is provided for those physicians applying for **Moderate Sedation** privileges.

Once you have **completed the test**, please **fax** it to **Medical Staff Administration** at 909/558-6053 (x 66053). Your test will be graded and a certificate faxed to those passing the test. Please be sure to complete all the information at the top of this test.

1.     T     F     A pre-sedation assessment must include an acknowledgement of informed consent.
2.     T     F     Moderate sedation has been achieved when a sedated patient is unresponsive to all painful stimuli
3.     T     F     A pre-sedation assessment may be performed any time within a week of the planned procedure.
4.     T     F     After drinking a glass of water, all patients must wait 4 hours before undergoing procedure related sedation
5.     T     F     An intravenous line must be placed for all patients undergoing moderate sedation.
6.     T     F     Vital signs must be documented every 15 minutes during moderate sedation.
7.     T     F     Complications and the management of the complications must be documented in the medical record.
8.     T     F     All patients must be observed for 60 minutes following the completion of the procedure before being discharged home.