

Policy for provision of sedation for procedures or events

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Introduction

The purpose of this policy is to outline the practice stance on the provision of sedation for a range of situations, as these are often areas where responsibilities can become unclear, and where consistency is important so that patients are treated fairly.

In the event that sedation is requested as a result of a private consultation, also refer to the “Policy for private tests and medication”.

Scenario's

There are a range of scenario's that we can envisage, where sedation may be requested that is not appropriate for the GP practice to prescribe, but that requests continue to be made. Each will be discussed, and the rationale for the prescribing decision documented. Should a new scenario be encountered, this will be raised with the Clinical Governance committee, a decision made, and added to this policy document.

Scenario 1: Sedation prior to an MRI or Minor Surgery

The patient may request sedation prior to having an MRI or Minor Surgery.

The patient will need to speak to the team undertaking the procedure or scan, as they are responsible for providing this if needed.

Sedatives are medicines which make patients sleepy and relaxed. There are several reasons why healthcare practitioners at TDPG do not prescribe these medicines for procedures outside of our practice:

- GPs are not trained to provide the correct level of sedation for a procedure / scan. Providing too little sedation won't help the patient, providing too much sedation can make the patient too sleepy, which could lead to the procedure being cancelled. Too much sedation can dangerously affect breathing. After taking a sedative for a

procedure or scan, the patient will need to be closely monitored to keep the patient safe.

- Although diazepam (which is the commonly requested form of sedation) makes most people who take it sleepy, in some rare situations it can have an opposite effect and make people aggressive or agitated.
- Scans and hospital procedures are often delayed, therefore the team performing the procedure or scan should provide the sedation, to ensure that the patient become sleepy and relaxed at the right time.

Further Information

<http://rcoa.ac.uk/sites/default/files/documents/2022-06/12-SedationExp2021web.pdf> (link checked May 2024)

https://www.aomrc.org.uk/wp-content/uploads/2021/02/Safe_sedation_practice_for_healthcare_procedures_update_0521.pdf

Scenario 2: Sedation for phlebotomy

The patient or their representative may request sedation prior to having a phlebotomy appointment, this is most commonly requested for patients with a learning disability.

For patients that request sedation, this will be declined, for the same reasons as specified above for an MRI or minor surgery. The team providing the service is responsible for prescribing the sedation if it is required.

Patients may wish to consider buying Emla cream, which is a topical anaesthetic cream that is available to buy 'over the counter' (which is not prescribed) and numbs the skin. A 5g tube can cost between £3 to £6 depending upon which pharmacy the patient buys it from, as at May '24.

Patients that are needle-phobic should advise the phlebotomy service of their concerns, the team at Gilbert Hitchcock House are experts at drawing blood and will support and manage concerns with the patient.

For patients with learning disabilities and where they do not have capacity, there are a number of options that will be pursued before sedation. The LD Facilitation service, based at Twinwoods (elt-tr.spldreferrals@nhs.net), will work with the patient on desensitisation techniques with the aim being to work towards being able to take blood without the need for sedation. Sedation for a patient with learning disabilities brings additional challenges, particularly where there may also be respiratory or cardiac

issues that need to be managed in parallel. The risk of sedation, versus the gain from the knowledge of the test will need to be assessed, and a best interest decision made.

In the event that desensitisation has not worked, and it remains in the patient's best interest for the blood test to proceed, the patient will need to be referred to the relevant secondary care team for the blood test to be safely completed under sedation. The secondary care team will need to manage and prescribe the sedation, and complete the blood draw. This will not happen in primary care.

Scenario 3: Sedation for dental work

The patient may request sedation prior to having dental work.

The patient will need to speak to their dentist, as they are responsible for providing this if needed.

For patients that request sedation, this will be declined, for the same reasons as specified above for an MRI or minor surgery. The team providing the service is responsible for prescribing the sedation if it is required.

Also refer to the "Policy for Dental prescribing"

Scenario 4: Flying

The patient may have some anxiety about flying, or want to manage their sleep during a flight to better manage time zone differences.

However, we will not provide sedation for this scenario.

The reasons are:

- Diazepam is a sedative. The medication will make you sleepy and more relaxed. If there was an emergency on the flight, this could impair the patient's ability to concentrate, follow instructions, or react to the situation. This could seriously affect the safety of the patient and the people around them.
- Sedative medications can cause you to fall asleep, however this sleep is not a natural REM sleep. This means that movements during sleep are reduced and can cause an increased risk of developing blood clots (DVT). These blood clots are very dangerous and can even prove fatal. This risk further increases if the flight is over 4 hours long.

- Although diazepam (which is the commonly requested form of sedation) makes most people who take it sleepy, in some rare situations it can have an opposite effect and make people aggressive or agitated.
- National prescribing guidelines don't allow the use of benzodiazepines in cases of phobia. Any GP prescribing diazepam for a fear of flying would be taking a significant legal risk as this goes against these guidelines
- Benzodiazepines are only licensed for short-term use in a crisis for generalised anxiety.
- In several countries, diazepam and similar drugs are illegal. The medication would be confiscated, and this could become a legal matter between the patient and the local police force
- Diazepam has a long half-life. This means it stays in your system for a significant time, and you may fail random drug testing if you are subjected to such testing as is required in some jobs

Instead we will recommend 'Fear of Flying' courses that are available through some airlines.