

# 中度与深度镇静的临床应用

Moderate and Deep Sedation in Clinical Practice

原 著 Richard D. Urman

Alan D. Kaye

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CAMBRIDGE

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# 原著前言

随着中度镇静（旧称清醒镇静）和深度镇静下诊疗操作的迅猛发展，所有的医生、护士、助理医师及其他医务人员和管理者都应该参与制订医疗规范和培训方案，以保障患者安全。众多专业协会、联合委员会（TJC）和医疗保险与医疗补助中心（CMS）提出的医疗规范与指南也在不断修订。因而对我们来说，紧跟科学前沿、了解最新动态非常重要。

越来越多的诊疗操作需要中度和深度镇静，且操作更复杂、时间更持久，同时，许多患者病情较为严重。而无论是门诊还是住院患者，诊疗操作常常在手术室外进行。因此，参与镇静实施的非麻醉专业医务人员也越来越多。

编写本书的目的，是通过这本最新的、全面的实用手册，为医疗机构提供安全实施中度/深度镇静的方案。本书内容涉及镇静程度分级、病情评估与复苏、药理学、监护学与设备、相关法律与患者安全、紧急抢救以及一些有争议的问题等，并讨论了具体的临床操作与管理，可为护理人员和助理医师提供指导。本书还针对特殊患者的镇静进行描述，如小儿、老人和危重患者，涵盖了内镜中心、心导管室、影像科、重症监护室、急诊科、口腔科以及不孕不育门诊患者的镇静。各章节分别由该领域的美国国内知名专家编写。

希望本书能为广大医护人员和管理者提供有价值的参考！

**Richard D. Urman, MD, MBA**

**Alan D. Kaye, MD, PhD**

# 原著序

过去 10 年，随着镇静业务的发展，一些医务人员的角色也发生了变化。如今，多个科室、不同医护人员均可实施镇静。无论在门诊还是住院部，越来越多的诊疗操作需要在中度镇静（既往称之为“清醒镇静”）和深度镇静下进行。实施者必须掌握药理学、监护学知识，熟悉行业法规和相关的国家或地方政策，必须有能力在特定的场所的诊疗操作中为患者安全实施镇静，并获得预期的临床效果，提高患者的满意度。目前除麻醉医生外，多种专科人员都可参与镇静实施，包括护士、助理医师、非麻醉专业的临床医生。本书帮助您理解自己在镇静实施中的角色和应该具备的能力，是一本不可或缺的参考书。作为一名管理者，我极力向您推荐这本非常有价值的、内容全面的参考书。本书包含有关培训、资格与能力评估、监护学、疼痛治疗和紧急抢救的最新信息，涉及各种场所的镇静实施，如影像科、内镜中心、心导管室、急诊科、重症监护室（ICU）和门诊等。由于相关的法规和指南在不断修订，本书参照联合委员会（TJC）发布的最新医疗规范，在“指南与准则”部分中列出多个综合性或亚专科镇静实施指南。

Urman 和 Kaye 医生通过出色的编写，将多年的麻醉与镇静实施经验展示给读者。本书涉及镇静实践的方方面面，知识新颖、实用，有理有据，从镇静深度分级的定义开始描述，指导您如何选择患者和评估病情，让您轻松理解安全实施镇静的各个要素，并同时探讨了药理学、常用参数、质量管理和法律法规等相关知识。本书全面覆盖了急诊科、内外科、重症监护室和门诊等场景下，小儿到老年患者的镇静实施知识。

本人在医院 ICU 和内外科工作 35 年之久，目前担任门诊和住院部管理者。我相信本书是目前为止镇静领域最完整的专业书。本

书由美国国内各专业知名专家编写。衷心希望他们的宝贵经验和关爱生命的情怀能改善您的临床工作，提高您单位员工的知识水平和业务能力。

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# 译者前言

随着社会的发展和人民生活水平的提高,越来越多的临床检查和治疗需要在镇静或麻醉下完成。这些操作大多在远离中心手术室的内镜中心、门诊、B超室或介入中心进行。医务人员对患者病史及各器官功能了解较少。如何保障医疗安全,如何对手术室外患者根据不同刺激或疼痛程度,选择中度镇静、深度镇静或者麻醉,如何界定实施镇静和麻醉人员的资质,这些都是亟待解决的临床问题。

本人所在科室大规模开展门诊无痛诊疗 12 年,所建立的无痛内镜中心吸引国内近 200 家不同级别医院的同行参观、交流。我主编的《麻醉与舒适医疗》虽对此项工作进行了全面介绍,但对国内门诊检查和日间手术,是采用镇静还是采用麻醉仍未能详尽阐述。2012 年我在参加欧洲麻醉医师年会时,偶然看到 *Moderate and Deep Sedation in Clinical Practice* 一书,匆匆浏览后即被该书内容深深吸引。为使国内同道早日了解有关镇静的最前沿知识,在北京大学医学出版社的大力帮助下,经剑桥出版社授予翻译版权后,组织翻译此书,其目的是对《麻醉与舒适医疗》做一个补充。

本书由美国著名麻醉学家 Urman 和 Kaye 组织编著,对各种镇静程度进行严谨分级,内容包含有关法律法规、培训、资格与能力评估、监护学、疼痛治疗和紧急抢救的最新信息,涉及各种场景下的镇静实施,相信国内从事镇静的医务人员和医院管理者能得到启迪并从中受益。

本书翻译工作均由佛山市第一人民医院麻醉科医生完成。由于译者水平有限,翻译不当或错漏之处,请诸位读者不吝指正。

杨承祥

2014 年 7 月

# Guidelines and standards

Richard D. Urman

## **American Academy of Pediatrics (AAP) and American Academy of Pediatric Dentistry (AAPD)**

Guidelines for monitoring and management of pediatric patients during and after sedation for diagnostic and therapeutic procedures: an update (2006). *Pediatrics* 2006; **118**: 2587-602. Available online at [www.aapd.org/media/Policies\\_Guidelines/G\\_Sedation.pdf](http://www.aapd.org/media/Policies_Guidelines/G_Sedation.pdf).

## **American Association of Critical-Care Nurses (AACN)**

Position statement on the role of the RN in the management of patients receiving IV moderate sedation for short-term therapeutic, diagnostic, or surgical procedures (2002). Available online at [www.aacn.org/WD/Practice/Docs/Sedation.doc](http://www.aacn.org/WD/Practice/Docs/Sedation.doc).

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Position statement on the qualified providers of sedation and analgesia: considerations for policy guidelines for registered nurses engaged in the administration of sedation and analgesia (2003). Available from AANA ([www.aana.com](http://www.aana.com)).

Latex allergy protocol (1993). *AANA J* 1993; **61**: 223-4. Available online at [www.aana.com/aanajournalonline.aspx](http://www.aana.com/aanajournalonline.aspx).

## **American Association of Oral and Maxillofacial Surgeons (AAOMS)**

Statement by the American Association of Oral and Maxillofacial Surgeons concerning the management of selected clinical conditions and associated

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ACC/AHA guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery (2007). *J Am Coll Cardiol* 2007; **50**: 159-242. Available online at [content.onlinejacc.org/cgi/content/short/50/17/e159](http://content.onlinejacc.org/cgi/content/short/50/17/e159).

### **American College of Emergency Physicians (ACEP)**

ACEP policy statement; sedation in the emergency department (2011 revision). Available online at [www.acep.org/policystatements](http://www.acep.org/policystatements).

Clinical policy; procedural sedation and analgesia in the emergency department (2005). *Ann Emerg Med* 2005; **45**: 177-96. Available online at [www.acep.org/clinicalpolicies](http://www.acep.org/clinicalpolicies).

Policy statement; delivery of agents for procedural sedation and analgesia by emergency nurses (2005). *Ann Emerg Med* 2005; **46**: 368. Available online at [www.acep.org/policystatements](http://www.acep.org/policystatements).

### **American College of Radiology (ACR) and Society of Interventional Radiology (SIR)**

ACR-SIR practice guideline for sedation and analgesia (Res. 45, 2010). Available online at [www.acr.org/guidelines](http://www.acr.org/guidelines).

### **American Dental Association (ADA)**

Guidelines for teaching pain control and sedation to dentists and dental students (2007). Available online at [www.ada.org/sections/a-](http://www.ada.org/sections/a-)

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Guidelines for the use of sedation and general anesthesia by dentists (2007). Available online at [www.ada.org/sections/about/pdfs/anesthesia\\_guidelines.pdf](http://www.ada.org/sections/about/pdfs/anesthesia_guidelines.pdf).

### **American Nurses Association (ANA)**

Procedural sedation consensus statement (2008). Available online at [www.nursingworld.org/NursingPractice](http://www.nursingworld.org/NursingPractice).

### **American Society for Gastrointestinal Endoscopy (ASGE)**

Position statement: nonanesthesiologist administration of propofol for GI endoscopy (2009). *Gastrointest Endosc* 2009; **70**: 1053-9.

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