RIVERSIDE MEDICAL CENTER, INC.

DR. PABLO O. TORRE MEMORIAL HOSPITAL

METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DIVISION-DEPARTMENT: Nursing Service Division		**POLICY NUMBER:** DPOTMH-MPP-NSD-P026 (01)	
TITLE/DESCRIPTION: **MONITORING OF PATIENT RECEIVING SEDATIVES & NARCOTICS**			
EFFECTIVE DATE: January 15, 2025	**REVISION DUE:** January 14, 2028	**REPLACES NUMBER:** N/A	**NO. OF PAGES:** 1 of 9
APPLIES TO: Nursing Service Division, Physicians		**POLICY TYPE:** Multi Disciplinary	

PURPOSE:

To ensure patient safety and minimize the risk of adverse reactions or complications following the administration of sedatives or narcotics by providing standardized monitoring procedures.

DEFINITIONS: N/A

RESPONSIBILITY:

Registered Nurses and Physicians

POLICY:

1. Patients receiving sedatives or narcotics shall be closely monitored to detect early signs of adverse effects. This includes regular and thorough assessments of respiratory status, level of consciousness, hemodynamic stability, and pain control.

2. All assessments, patient responses, and any interventions shall be documented clearly and in a timely manner in the patient's medical record, following institutional documentation standards.

3. The escalation protocol shall be activated and prompt to manage the patients with signs of respiratory depression, oversedation, hypotension, or other adverse effects, healthcare providers to prevent further complications.

4. Pharmacy staff shall support al teams by providing them information on sedatives and narcotics, including potential side effects, reversal agents, and specific monitoring recommendations for each medication administered.

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PROCEDURE (SOP):

1. Physician issues a written order for narcotics and sedatives prescription.
2. The nurse carries out the doctor's order for narcotics and sedatives.
3. Nurse conducts a baseline assessment of the patient's vital signs, including respiratory rate, oxygen saturation, blood pressure, heart rate, pain level, and level of consciousness (LOC).
4. Nurse informs the patient and/or family members about the purpose of the medication, potential side effects, and the importance of the monitoring process.
5. Two nurses verify narcotics and sedatives during medication preparation.
6. Before administering, the nurse verifies the patient's identity using two patient identifiers.
7. Nurse confirms medication orders, including specific instructions on dosage, route, and any monitoring requirements from the physician and observes the 12 Rights of Medication administration.
8. Nurse safely administers the sedative or narcotic according to the order.
9. Nurse documents the administration of medication.
10. Nurse re-assesses and records the patient's respiratory rate, oxygen saturation, heart rate, blood pressure, pain level, and LOC.
    - 10.1 Look for signs of respiratory depression (slow, shallow breathing), over sedation (difficulty staying awake), or hypotension (low blood pressure)
        - 10.1.1 Documents all vital signs, observations, and the patient's initial response in the patient's flowsheet.

After 30 minutes	Monitor, Check and Document the vital signs, LOC and any adverse reactions.
Subsequent Hours (Every 1 Hour):	If patient remains stable, asses after an hour for the next 2 hours until effects have worn off.

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10.2 The nurse initiates escalation immediately if any of the following adverse reactions occurs:

Respiratory Depression:	Respiratory rate less than 10 breaths per minute or oxygen saturation below 90% despite supplemental oxygen.
Severe Hypotension:	Blood pressure significantly below baseline (e.g., systolic <90 mmHg) and/or symptomatic hypotension.
Oversedation or Unresponsiveness:	The patient is difficult to arouse or has an altered LOC that deviates from baseline.

11. The nurse immediately informs the resident doctor if the patient presents with adverse effects.
12. The nurse clearly documents the adverse event, including observed effects, actions taken, and communication with the physician and submit a completed incident report must be as per policy.

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WORK INSTRUCTION:

KEY TASK	PERSON RESPONSIBLE
1. Issues a written order for narcotics and sedatives prescription.	Physician
2. Carries out the Doctor's order.	Nurse
3. Conducts a baseline assessment of the patient's vital signs, including respiratory rate, oxygen saturation, blood pressure, heart rate, pain level, and level of consciousness (LOC).	
4. Informs the patient and/or family members about the purpose of the medication, potential side effects, and the importance of the monitoring process.	
5. Verifies narcotics and sedatives during medication preparation.	
6. Verifies the patient's identity using two patient identifiers	
7. Confirms medication orders, including specific instructions on dosage, route, and any monitoring requirements from the physician and observes the 12 Rights of Medication administration.	
8. Safely administers the sedative or narcotic according to the order.	
9. Documents the administration of medication.	
10. Assess and records the patient's respiratory rate, oxygen saturation, heart rate, blood pressure, pain level, and LOC.	
11. Look for signs of respiratory depression (slow, shallow breathing), oversedation (difficulty staying awake), or hypotension (low blood pressure)	

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APPLIES TO: Nursing Service Division, Physicians		**POLICY TYPE:** Multi Disciplinary	

12. Observes any Signs of Adverse Reaction.	Nurse
13. Immediately informs the resident doctor if the patient presents with adverse effects.	
14. Clearly documents the adverse event, including observed effects, actions taken, and communication with the physician. In the case of an adverse reaction, an incident report must be completed as per policy.	

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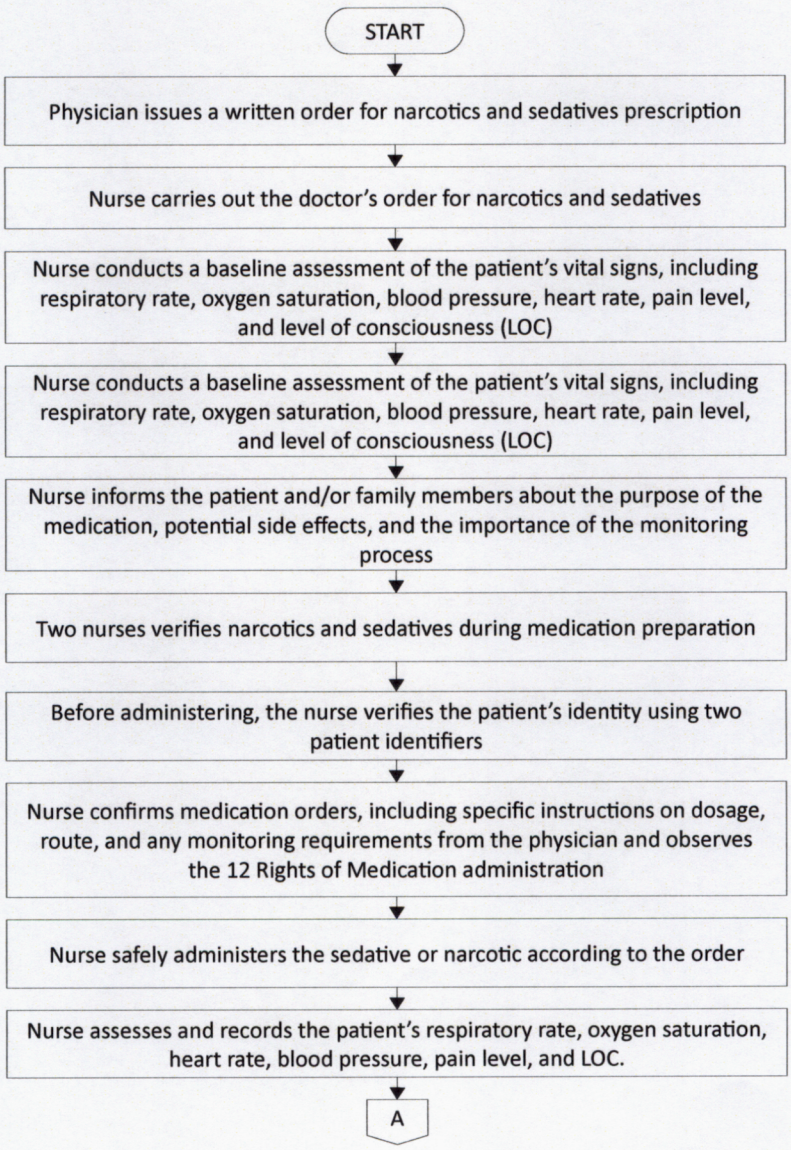
WORK FLOW:



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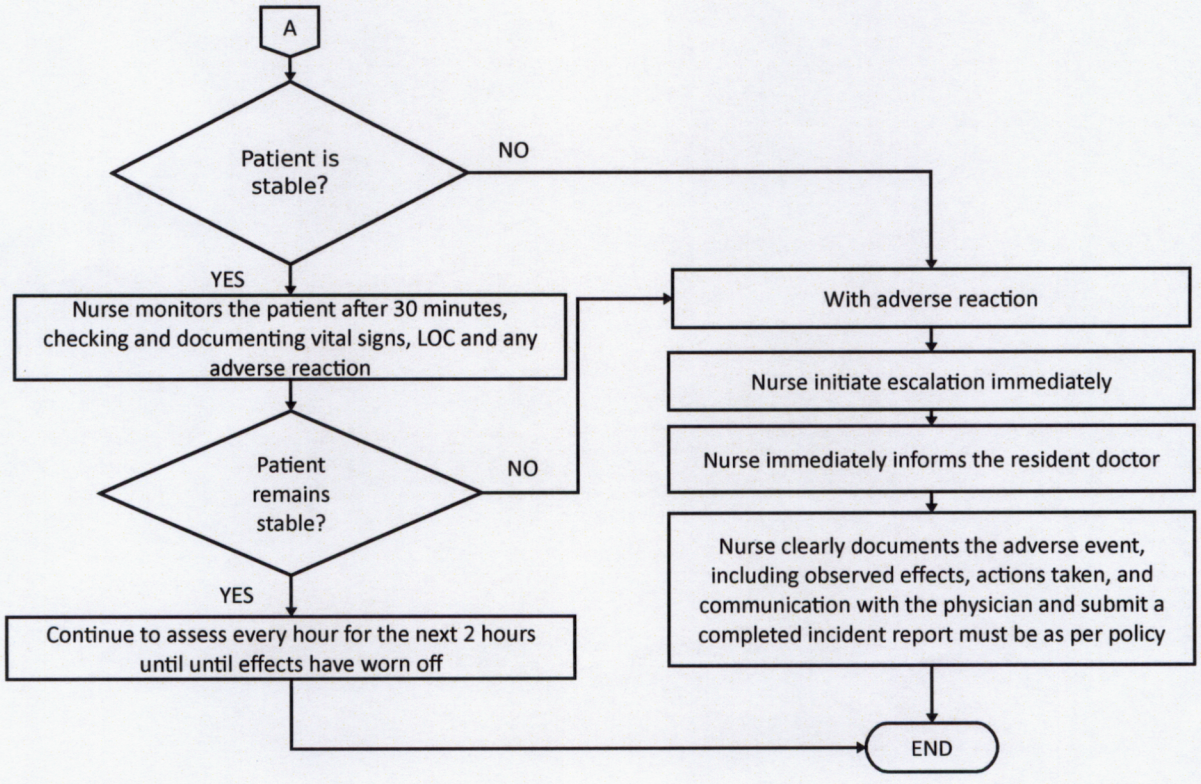
APPLIES TO: Nursing Service Division, Physicians		**POLICY TYPE:** Multi Disciplinary	



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FORMS: N/A
EQUIPMENT: N/A
REFERENCES: N/A

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DIVISION-DEPARTMENT: Nursing Service Division		**POLICY NUMBER:** DPOTMH-MPP-NSD-P006 (01)	
TITLE/DESCRIPTION: **MONITORING OF PATIENT RECEIVING SEDATIVES & NARCOTICS**			
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APPLIES TO: Nursing Service Division, Physicians		**POLICY TYPE:** Multi Disciplinary	

APPROVAL:				
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