Procedural Sedation Competencies

as advocated by the International Committee for the Advancement of Procedural Sedation

For full details see: Leroy, Krauss, et al: British Journal of Anaesthesia 2025; 134:817-829



ICAPS International Committee for the Advancement of Procedural Sedation

www.proceduralsedation.org

	Core Competencies					
	The competencies outlined below are indicative of procedural se sedation effectively and safely. These competencies must be demo team, and need not necessarily be covered by a single practitioner. I encounter will be assisted by a second practitioner whose primary of some of their duties to an assisting practitioner, they remain respondance and professionals should possess all necessary competencies re	The competencies outlined below are indicative of deliberate practice, i.e. knowledge, skills and attitudes for ongoing learning and improving.				
	Physical Safety	Effectiveness	Psychological Safety	Deliberate Practice		
	Avoiding physical harm and minimizing sedation-related risk	Procedural success, patient comfort, and time efficiency	Patient emotional and psychological well- being	Continual improvement of skills to develop and maintain competence		
	Must demonstrate the understanding of:	Must demonstrate the understanding of:	Must demonstrate the understanding of:	Must demonstrate the under-		
	 the principles of pre-sedation evaluation and risk assessment 	the correct indication for a procedure and the	 the patient's fundamental right to be 	standing of:		
KNOWLEDGE	 the procedure to be performed and how it might impact the course of sedation or risk the scope of procedural sedation and when referral for care by an anaesthesia practitioner is appropriate airway, respiratory, and cardiovascular physiology and pathophysiology the function and interpretation of continuous monitoring of cardiac rhythm*, oxygenation (pulse oximetry), and ventilation (capnography*) Opioid and sedative agonist and antagonist pharmacology (pharmacokinetics, pharmacodynamics, dosing, administration, contraindications, adverse event profiles, drug interactions) recognition of adverse events and when intervention is required the principles of post-sedation recovery, discharge criteria, and outcome evaluation and documentation principles of ongoing quality improvement audit in accordance with local and national recommendations 	 balance between indication and risks the procedure to be performed and how it impacts the sedation strategy, resources, and personnel how individual patient characteristics impact the sedation strategy principles and safe application of procedural analgesia (topical, local, regional and systemic) 	 involved in medical decision-making and to be treated respectfully and according to personal preferences and choices a patient's preprocedural/anticipatory fear/anxiety and expectations and how they impact sedation needs short- and long term adverse events (e.g. awareness, agitation, delirium, nausea, vomiting, behavioral changes, sleep disturbance) importance of parental, family or caregiver presence for children, highly anxious patients, and patients with special needs or psychiatric conditions the meaning of establishing trust, and modes of communication for creating positive or negative expectations 	 how personal performance is enhanced by repeated practice that is used for ongoing learning and improvement the importance of repeated self and peer-assessment for learning the importance of keeping up to date knowledge of new drugs and techniques 		

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	Physical Safety	Effectiveness	Psychological Safety	Deliberate Practice
	Avoiding physical harm and minimizing sedation-related risk	Procedural success, patient comfort, and	Patient emotional and psychological well-	Continual improvement of
		time efficiency	being	skills to develop and
		,	3	maintain competence
	Must be able to:	Must be able to:	Must be able to:	Must be able to:
	 perform a structured risk assessment, taking patient and 	 apply a sedation strategy (drug regimen, 	 recognize and respect a patient's emotional 	 Use deliberate practice as
	procedural characteristics into account	depth, and duration) that matches	or psychological needs and personal	part of ongoing medical
	perform an assessment of airway and fasting status	procedure-specific requirements,	preferences	education
	 monitor airway patency and recognize abnormal ventilatory 	procedural timing, and individual patient	 establish a trusting relationship with a 	 participate in ongoing medical
	patterns including: respiratory depression, partial and complete	needs	patient	education including ideally
	airway obstruction, central apnea, and appropriate use of	 recognize when a patient is inadequately 	 employ effective comfort measures (e.g. 	observed performance and
	continuous observation of chest wall motion supplemented	sedated	distraction, comfort-directed suggestive	peer feedback (in-person or
	with pulse oximetry and capnography*	anticipate, recognize, and effectively	language)	simulated)
	monitor cardiovascular stability using cardiac rhythm* and, when appropriate blood pressure monitoring*	manage procedural pain	create a comfortable and calm environment throughout the sodation process.	
	when appropriate, blood pressure monitoring*manage adverse events such as nausea, vomiting, agitation,		throughout the sedation process	
SKILLS	delirium			
	manage airway obstruction through appropriate application of			
×	airway alignment maneuvers (head tilt, chin lift, jaw thrust) or			
0,	placement of nasal or oral airway, or a supraglottic airway			
	device*			
	 distinguish central and obstructive apnea* 			
	assemble a self-inflating or free-flow inflating bag, and perform			
	bag-mask ventilation*			
	recognize and manage a patient who is over sedated, with or			
	without intervention as appropriate			
	 identify and manage hypoxia, hypotension, bradycardia, anaphylaxis, seizure, and cardiac arrest* 			
	summon additional resuscitation assistance, if required			
	decide when a patient is ready and safe for discharge from			
	monitored recovery			
	•			
	Must show:	Must show:	Must show:	Must show:
	vigilance and commitment to safety throughout the sedation	 commitment to choosing individualized 	 commitment to assuring patient 	 commitment to ongoing
	process	sedation strategies that result in procedural	emotional and psychological well-being	improvement of practitioner
ES	effective team communication and interprofessional	success, patient comfort and time-efficiency	throughout the sedation process	and team performance
	collaboration	effective team communication and interprofessional collaboration	effective team communication and interprofessional collaboration	
2	 commitment to clear documentation of sedation outcomes, including adverse events and complications 	commitment to documentation of sedation	commitment to documentation of the	
	accountability for ongoing quality improvement by engaging in	effectiveness	impact of the sedation on patients	
ATTITUD	an audit program, including discussing safety outcomes,	accountability for ongoing quality	emotional and psychological well-being	
< _	analyzing critical incidents, and participating in formal safety	improvement by engaging in an audit	accountability for ongoing quality	
	audits	program, including discussing procedural	improvement by engaging in an audit	
		success, patient comfort, and time efficiency	program, including discussing outcomes	
			related to patient's emotional and	
			psychological well-being	

^{*}Competencies indicated with an asterisk are less relevant for practitioners performing minimal sedation in low risk patients.