PLEASE NOTE: THIS RESOLUTION WILL BE DEBATED AT THE CORD 2018 REPRESENTATIVE COUNCIL MEETING. RESOLUTIONS ARE NOT OFFICIAL UNTIL ADOPTED BY THE REPRESENTATIVE COUNCIL AND THE BOARD OF DIRECTORS (AS APPLICABLE).

**RESOLUTION**: # S'18-2

**SUBMITTED BY**: RJ Sontag, MD and Sushant Kapoor, MD

**SUBJECT**: Procedural Sedation

1 **Whereas** extensive medical research has established procedural sedation as performed by emergency physicians to be
2 safe, effective, and associated with high patient satisfaction in adult and pediatric patients; and
3
4 **Whereas** The Model of the Clinical Practice of Emergency Medicine, the document which delineates the specific
5 medical knowledge and procedural skills that define the unique skill set of an emergency physician that differentiates
6 us from other specialties and serves as the basis for residency training and board certification in Emergency Medicine
7 requires competency in the administration of procedural sedation, airway management, and pharmacotherapy; and
8
9 **Whereas** The Accreditation Council for Graduate Medical Education (ACGME) Emergency Medicine Residency
10 Review Committee requires that all graduates of emergency medicine residency training programs complete a
11 minimum number of supervised procedural sedations; and
12
13 **Whereas** the American Society of Anesthesiologists (ASA) released guidelines in March 2018 "intended for use by
14 all providers who perform moderate procedural sedation" that attempt to define the scope of practice of emergency
15 physicians and arbitrarily categorize medications such as propofol, ketamine, and etomidate as "medications intended
16 for general anesthesia"; and
17
18 **Whereas** the American College of Emergency Physicians, the authoritative body for the establishment of guidelines
19 for the sedation of patients in the emergency department, believes that graduates of accredited emergency medicine
20 residency programs have received the training and skills necessary to safely provide procedural sedation, and should
21 be credentialed to perform procedural sedation without additional requirements;
22
23 Therefore, be it
24
25 **RESOLVED** that EMRA believes
26 • that graduates of accredited emergency medicine residency programs possess the medical knowledge and
27 procedural skills necessary to safely administer procedural sedation, without the need for additional
28 credentialing requirements
29 • that graduates of accredited emergency medicine residency programs should have the ability to choose among
30 the full breadth of pharmacologic agents available for procedural sedation, including but not limited to
31 opioids, benzodiazepines, barbiturates, ketamine, propofol, dexmedetomidine, etomidate, and nitrous oxide
32
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74 **EMRA Policy**: None
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