Sedation-assisted Orthopedic Reduction in Emergency Medicine: The Safety and Success of a One Physician/One Nurse Model

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To the Editor:

We applaud Vinson and Hoehn for eloquently demonstrating that the performance of sedation assisted procedures in the emergency department (ED) does not necessarily require a 2 physician team. From a Canadian perspective, where single physician coverage in smaller EDs is common, this has important implications in terms of efficiency of patient care, reduction in the need for patient transfer and decreasing the time to definitive treatment for ED patients. We would like to draw attention to a model of care practiced in Halifax, Nova Scotia for over 15 years, using a team consisting of an advanced care paramedic (ACP) and a single physician, the former to conduct the sedation, and the latter to do the procedure.1 The skills of ACPs complement specific supplementary training in Procedural Sedation and Analgesia (PSA) to produce, in our opinion, expert ED sedationists, and our database of over 4000 safely conducted PSAs attest to this. Although performing PSA is primary role of ACPs in our ED, success with this has expanded our use of paramedics to a number of other ED tasks, freeing up other staff to perform what they do best.2

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draw up and administer intravenous agents for deep sedation under direct supervision of a dentist. Strangely, the same drug administration that is entrusted to dental assistants is being questioned as unsuitable for sedation-trained registered nurses who specialize in emergency care.

As the evidence suggests, a 2 person team is often all that is needed for sedation-assisted procedures in emergency medicine. Studies show that the one physician/one nurse-equivalent model is both safe and effective. And in these days of limited resources and growing cost consciousness, this leaner approach has even more going for it.

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