# Anaesthetic technicians and safe sedation

## Sedation standard for anaesthetic technicians

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# Introduction

The anaesthetic technician scope of practice allows for flexible work practices including involvement with the sedation of patients. Anaesthetic technicians provide support to the prescribing practitioner and collaborate and work alongside other health professionals during peri-operative, interventional and investigative procedures involving sedation.

This statement has been developed by the Medical Sciences Council to provide guidance about the administration of sedating agents by anaesthetic technicians. The statement outlines the Council’s expectations of anaesthetic technicians when working with patients requiring sedation.

All anaesthetic technicians are responsible and accountable for their own practice.

# Background

Anaesthetic technicians use their clinical knowledge, skills, and judgement to perform a variety of functions to support the provision of high quality and safe perioperative care.

The sedation of patients carries risks, and anaesthetic technicians are well placed to support safe sedation practices within the bounds of the anaesthetic technician scope of practice and their own knowledge, skills and expertise.

Anaesthetic technicians may practise in operating departments, radiology, intensive care, maternity, emergency departments, and any other areas where sedation is administered.

All sedation carried out must be in accordance with the Medical Sciences Councils Competence Standards for Anaesthetic Technicians (2024), Code of Ethical Conduct and other relevant standards, including local and other relevant policies, procedures, standing orders and guidance.

## Prescribing and administering sedation

Anaesthetic technicians cannot prescribe agents used for general anaesthesia or sedation. Medicines for sedation must be prescribed by an authorised prescriber as described in the Medicines Regulation Act 1984 and Medicines Amendment Regulations 1984.

The prescriber of the medicine retains responsibility for the prescription of the medicine, including correct medication, dosage, route of administration, timing and patient, regardless of who administers the medicine.

The anaesthetic technician administering the medicine takes responsibility for checking of the medication prior to administration including correct medicine, patient, route, dose and timing, in accordance with local policy.

## Types of sedation

In the absence of an anaesthetist or emergency specialist, the sedation administered by an anaesthetic technician is limited to the provision of minimal or moderate levels of conscious sedation. This is a level of sedation where patients can respond purposefully to verbal commands or tactile stimulation.

## Safety

In the administration of sedation, the prescribing practitioner or an appropriately qualified medical practitioner must be available to provide immediate assistance.

Sedation must occur with the appropriate level of supervision and support being available for the level of sedation and in accordance with the competence level of the practitioner.

Sedation should never be performed alone and must be undertaken with the appropriate supervision and support.

## Remote monitoring

Technology may now allow the prescribing practitioner to remotely monitor patients under sedation. The anaesthetic technician and prescribing practitioner must work collaboratively to ensure that immediate assistance is available to patients under sedation and in accordance with local policy. The Council has a position on the one-on-one care of a patient and anaesthetic technicians need to adhere to this. [2025-Mar-Allocating-AT-Resources.pdf](https://www.mscouncil.org.nz/assets_mlsb/Uploads/2025-Mar-Allocating-AT-Resources.pdf)

# Requirements for anaesthetic technicians involved in sedation

Anaesthetic technicians providing sedation must be working within their level of competence, education, and experience. Anaesthetic technicians providing sedation must identify the limits of their practise and actively seek advice or refer to another professional or service when this occurs.

Relevant internal approvals for the administration of sedation must be in place from the place of employment. These include, but are not limited to, the completion of appropriate education and credentialing.

## Pre-sedation assessment

Prior to the administration of sedation, the anaesthetic technician must:

* Ensure a thorough patient evaluation has occurred, including medical history, allergies, and previous sedation experiences.
* Confirm assessment of risk factors such as airway complications, cardiovascular conditions, age, and medication interactions.
* discuss with an anaesthetist sedation for patients identified as higher-risk. The presence of an anaesthetist should also be considered, especially if moderate sedation is planned.
* Confirm and document informed consent from the patient or their legal representative.
* Prepare the equipment, monitoring and other requirements appropriate for the patient and level of sedation.

## Sedation administration

At the time of administration, the anaesthetic technician must:

* Administer sedation only under the supervision of an anaesthetist or appropriately qualified medical practitioner. For moderate levels of sedation, the supervising practitioner must not be the practitioner undertaking the procedure.
* Confirm the appropriateness of the medicine being administered and ensure the correct medicine checks are completed.
* Ensure the correctness of the medicine dosage calculations, based on the patient’s weight, age, and health status.
* Complete any documentation requirements for the administration of medicines.

The anaesthetic technician must not administer sedation if there are any incomplete questions or concerns identified.

## Intra-sedation monitoring

While the patient is under sedation the anaesthetic technician must:

* Maintain continuous patient monitoring to detect signs of over-sedation or adverse reactions.
* Be prepared to manage airway emergencies in conjunction with the prescribing practitioner. These include suctioning and oxygen supplementation.
* Ensure adequate support is available to escalate any emergency including access to reversal agents and emergency resuscitation equipment where required.

## Post-sedation care

After the sedation has ended the anaesthetic technician must:

* Monitor the patient’s recovery until they meet discharge or handover criteria. This includes the patient having stable vital signs and being fully conscious.
* Provide post-sedation care and instructions, including activity restrictions and follow-up care in conjunction with the procedural team.
* Document all sedation procedures, patient responses, and any complications encountered. Where a technician has administered medicines under a verbal order the prescription must be signed by the prescriber. Complete procedures for standing orders must also be followed.

# References

* [ANZCA: (PSO7) Guideline on pre-anaesthesia consultation](https://www.anzca.edu.au/getattachment/d2c8053c-7e76-410e-93ce-3f9a56ffd881/PS07-Guideline-on-pre-anaesthesia-consultation-and-patient-preparation) and patient preparation
* [ANZCA: (PG09) Procedural sedation](https://www.anzca.edu.au/getattachment/c64aef58-e188-494a-b471-3c07b7149f0c/PS09-Guideline-on-sedation-and-or-analgesia-for-diagnostic-and-interventional-medical%2C-dental-or-surgical-procedures) (2023)
* [ANZCA: (PS19) Position statement on monitored care by an anaesthetist](https://www.anzca.edu.au/getattachment/eb9e199f-d862-479d-b3ee-d1a50beec0c7/PS19-Recommendations-on-monitored-care-by-an-anaesthetist)
* [ANZCA: (PG51(A)) Guideline for the safe management and use of medications during anaesthesia](https://www.anzca.edu.au/getattachment/17f3f75c-9164-41e6-a918-9f403261c8eb/PS51-Guideline-for-the-safe-management-and-use-of-medications-in-anaesthesia)
* [Medicines Act 1981](https://www.legislation.govt.nz/act/public/1981/0118/latest/DLM53790.html#DLM53789)
* [Medicines Regulations 1984](https://www.legislation.govt.nz/regulation/public/1984/0143/latest/DLM95668.html)
* [ANZCA: (PG18) Guideline on monitoring during anaesthesia](https://www.anzca.edu.au/getContentAsset/6296ef66-b43b-4dc6-938b-770f94ba7e6e/80feb437-d24d-46b8-a858-4a2a28b9b970/PG18-Anaesthesia-monitoring-2025.pdf?language=en)
* [Standing Order Guidelines | Ministry of Health NZ](https://www.health.govt.nz/publications/standing-order-guidelines)

# Definitions

**Appropriately qualified prescribing practitioner**

A health practitioner who may prescribe anaesthetic or sedating medicines within their scope of practice. This may include an anaesthetist, intensive care specialist, other medical practitioner or dentist.

**Health providers**

People who provide healthcare to patients, both registered and unregistered.

**Sedation**

Sedation is a state of reduced awareness where a patient’s responsiveness to external stimuli is limited. The goal of sedation is to provide patient comfort and cooperation during a procedure without the complete loss of consciousness associated with anaesthesia.

**Sedation levels[[1]](#footnote-2)**

**Minimal:** A drug-induced state of diminished anxiety, during which patients are consciousand respond purposefully to verbal commands or light tactile stimulation.

**Moderate:** A drug-induced state of depressed consciousness during which patients retain the ability to respond purposefully to verbal commands and tactile stimulation.

**Deep:** A drug-induced state of depressed consciousness during which patients are not easily roused and may respond only to noxious stimulation.

**General anaesthesia:** A drug-induced state of unconsciousness characterised by absence of purposeful response to any stimulus, loss of protective airway reflexes, depression of ventilation and disturbance of circulatory reflexes.

1. From [ANZCA: (PG09) Guideline on procedural sedation](https://www.anzca.edu.au/getattachment/c64aef58-e188-494a-b471-3c07b7149f0c/PS09-Guideline-on-sedation-and-or-analgesia-for-diagnostic-and-interventional-medical%2C-dental-or-surgical-procedures) [↑](#footnote-ref-2)