Foreword to the 2020–2025 edition of the SASA Guidelines for the safe use of procedural sedation and analgesia for diagnostic and therapeutic procedures in adults

Writing guidelines on procedural sedation and analgesia is a formidable and challenging task. There are many disciplines and societies at international level now involved in writing guidelines and we need to be aware of what they see as important in their guidelines. We always need to identify new trends in sedation; for that we need to be involved at international level.

Our aim with these guidelines is to provide a guidance for safe sedation practice for all healthcare providers who are involved in sedation practice.

In this issue we have added adverse events and record-keeping, accreditation and the importance of simulation training to our recommendations under clinical governance. We would like our sedation practitioners to keep records and report adverse events to our societies, e.g. SOSPOSA, so that we all can benefit from the information we get.

It is also crucial that sedation practitioners keep their logbooks and update them regularly – "if it is not written down, it never happened".

All aspects of accreditation remain an important issue and we need to address this urgently. This forms an important part of safe sedation practice, also done at international level, and we need to follow this. The facilities where we work, especially outside the operating theatre, must meet the requirements for safe practice. It is our responsibility to see that this is the case. In the appendices there is a practice appraisal protocol that should be filled in by sedation practitioners doing sedation outside the operating theatre.

We do not cover sedation techniques in the guidelines. We believe sedation practitioners must learn the techniques with supervised clinical training.

Capnography for sedation outside the operating theatre will become a focus point in future. We are only supposed to be doing ASA I and II patients outside the operating theatre so there may be a feeling we do not need capnography. There is pressure to include capnography under monitoring as a minimum monitoring standard, like pulse oximetry and blood pressure monitoring.

Our appendices have been revised with more information on what patients need to know about sedation e.g. an example of a cover letter to the patient. This will include information to the patient, as well as information from the patient.

Sedation is today one of the fastest growing areas in anaesthesia care. Our research studies show a low incidence of side-effects, and a high incidence of patient satisfaction.

To all our readers we wish you a safe sedation journey.

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SASA Sedation Guidelines 2020
(South African Society of Anaesthesiologists)

Guidelines for the safe use of procedural sedation and analgesia for diagnostic and therapeutic procedures in adults: 2020–2025

All healthcare professionals involved in the administration of sedation and participating in the assessment, monitoring and recovery of patients requiring procedural sedation, are accountable for safe practice. *The patient is entitled to the same standard of care, whether the procedure is undertaken outside the hospital (primary care), in a physician's office, dental surgery, a remote facility, or in an operating theatre.*

The new guidelines replace the SASA guidelines, "Guidelines for the safe use of procedural sedation and analgesia for diagnostic and therapeutic procedures in adults: 2015".



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Further, Together