Extending Anesthesia and Sedation for Research Purposes Policy/Procedure

Internal Approval
SVP, Research
EVP & Chief Scientific Officer, Research

Scope
This policy applies to all Boston Children's Hospital (BCH) licensed locations, BCH operational and clinical departments, and staff (inclusive of W-2 employees, contracted staff, and members of the medical staff irrespective of their appointment category or employer). As applicable, the policy also applies to foundation practices leasing space at hospital-licensed locations.

Definitions
Definitions for all key terms used in this document should be listed in this section. Definitions are generally used for terms that:

- Technical language or words with specific meaning in the context of the protocol are given plain English definitions.
- The first time each defined term is used in the text it appears in bold type
- Definitions are listed alphabetically

When writing definitions, make reference to other documents that may contain similar terms to assure that common definitions are used.
Policy Statements

This guidance provides Institutional Review Board (IRB) members with guidance on whether extending clinically indicated anesthesia or sedation for purposes of performing additional research assessments that may be considered minimal risk.

Boston Children's Institutional Review Board (IRB) may determine that research may be minimal risk when there is an extension of clinically indicated anesthesia or sedation for purposes of performing additional research assessments.

This guidance is limited to the risks associated with the extension of sedation and anesthesia only, not additional research manipulations. The risks of the procedures to be performed during the extension time need to be considered separately and taken into consideration in the overall risk/benefit assessment. The document has been divided into two sections: Anesthesia and Sedation/procedural or sedation/analgesia.

Procedures

Anesthesia

The major risks associated with administering anesthesia occur during induction and discontinuation of anesthesia. In general, the IRB would consider the following minimal risk if all criteria are met:

1. The extension of anesthesia time is limited to 10-15 minutes.
2. The appropriate level of anesthesia has been achieved and the patient is determined to be clinically stable by an anesthesiologist uninvolved in the research protocol.
3. The method/mode of anesthesia to be used is determined not by the research protocol but is in accordance with current standard clinical practice.
4. The same anesthetic agents are utilized for the extension of time required for research.
5. The same clinical care team responsible for administering and monitoring the anesthesia remain with the subject during the research procedure.
6. The same level and frequency of monitoring will be maintained throughout the research procedures.

Sedation/procedural or sedation/analgesia

Sedation/procedural sedation or sedation/analgesia is administered incrementally. It may be that one dose of a medication with a long enough duration of action is given and no additional doses are needed during a clinical procedure. However, often many small doses of sedatives/analgesics are used during the time needed to care for the patient.

Sedation is performed all over the hospital by many different "providers" and the children sedated are monitored less stringently that those receiving anesthesia. For this reason, if the research procedures can be accomplished without administration of any additional sedation medication other than what was planned for the procedure, then the risk category of extending the time to perform procedures during
sedation can be considered minimal, if:

1. The patient is stable and
2. Appropriate monitoring continues

As mentioned above, the risks of the procedure to be performed should be considered separately and taken into consideration in the overall risk/benefit assessment.

If the extension of sedation/procedural or sedation/analgesia does not meet the criteria listed above, it may or may not be considered minimal risk and should be reviewed carefully for final determination in accordance with the federal regulations.

Approval Signatures

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<th>Step Description</th>
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Applicability

Boston Children's Hospital- Policies & Procedures