



Capnography Guidelines and Standards

Standard	Statement	Year
American Society For Gastrointestinal Endoscopy	Consider capnography with extended monitoring during deep sedation to decrease the risks.	2002
Spanish Society of Gastrointestinal Endoscopy	Capnography may help with seriously ill patients who: have multiple conditions; will undergo long-term sedation for prolonged or complex endoscopy procedures (ERCP, prosthesis placement, etc.). This type of monitoring: measures ventilation activity, predicts potential respiratory depression before a pulse oximeter may detect desaturation.	2006
International Consensus Guidelines on Cardiopulmonary Resuscitation	Emphasize the importance of capnography during cardiopulmonary resuscitation to continually monitor tracheal tube placement and quality of CPR and to provide an early indication of return of spontaneous circulation.	2010
American Heart Association	Continuous waveform capnography is recommended in addition to clinical assessment as the most reliable method of confirming and monitoring correct placement of an endotracheal tube”; “It is reasonable to consider using quantitative waveform capnography in intubated patients to monitor CPR quality, optimize chest compressions, and detect ROSC during chest compressions or when rhythm check reveals an organized rhythm.	2010
Association of anesthetists of Great Britain and Ireland (AAGBI)	Recommends continuous capnography in all patients who are an anesthetized or intubated, regardless of their location in the hospital, or the type of airway device used. In addition, continuous capnography is recommended for all patients undergoing deep sedation or any sedation where the airway cannot be directly observed, and should be immediately available during the treatment of cardiac arrest.	2011
ASA- Standards for Basic Anesthetic Monitoring	To ensure adequate ventilation of the patient during all anesthetics.- When an endotracheal tube or laryngeal mask is inserted, its correct positioning must be verified by clinical assessment and by identification of carbon dioxide in the expired gas. Continual end-tidal carbon dioxide analysis, in use from the time of endotracheal tube/laryngeal mask placement, until extubation/removal or initiating transfer to a postoperative care location, shall be performed using a quantitative method such as capnography, capnometry or mass spectroscopy.	2011
American Society of Anesthesiologists (ASA)	Unless hindered or invalidated by the nature of the patient, procedure, or equipment, evaluate ventilation adequacy during moderate or deep sedation and general anesthesia by: Continually observing qualitative clinical signs, Monitoring for exhaled carbon dioxide	2011
Association of Anesthetists of Great Britain and Ireland	Consider continuous capnography for all patients receiving: deep sedation. And moderate sedation and whose ventilation can't be directly observed	2011
European Board of Anesthesiology	Use continuous capnography to monitor all patients undergoing moderate or deep sedation.	2011

Capnography Standards and Guidelines, continued.

Standard	Statement	Year
Accreditation Association of Ambulatory Healthcare's Institute for Quality Improvement	Use continuous capnography during the procedure if the patient requires moderate sedation.	2012
American Association of Oral and Maxillofacial Surgeons	Unless hindered or invalidated by the nature of the patient, procedure, or equipment, evaluate ventilation adequacy during moderate or deep sedation and general anesthesia by continually observing qualitative clinical signs and monitoring for exhaled carbon dioxide	2012
Institute for Healthcare Improvement	Use pulse oximeters and capnographs to monitor patients for respiratory depression as shown by decreased oxygen saturation or increased carbon dioxide levels.	2012
Canadian Anesthesia Society	Use capnography for monitoring all patient undergoing general anesthesia and sedation	2012
Netherlands Healthcare Inspectorate	Capnography is expected to meet an important need in the early detection of respiratory depression and airway obstruction. Measuring end-tidal CO ₂ by capnography is recommended especially in procedures where continuous visual and audible observation is impossible or unreliable.	2012
Society of Interventional Radiology	Interventional radiologists performing cases using moderate sedation should consider learning about CO ₂ capnography, including: How to use it in clinical practice	2013
American College of Emergency Physicians and Emergency Nurses Association	For patients undergoing procedural sedation and analgesia, capnography can be used: In addition to pulse oximetry and clinical assessment to detect hypoventilation and apnea earlier than pulse oximetry and clinical assessment would do so alone and to assess ventilation adequacy	2014
Association for Radiologic & Imaging Nursing	Consider capnography monitoring during moderate and/or deep sedation.	2014
College of Physicians of Quebec	Monitoring carbon dioxide allows for: · The early identification of complications like excessive sedation, hypoventilation, and apnea · Better control of the sedation level based on the implemented diagnostic and therapeutic intervention	2015
Society of Gastroenterology Nurses and Associates	Capnography monitoring may reduce risks during moderate and deep sedation.	2016
Association for Radiologic and imaging nursing. (ARIN)	Capnography should be routinely used for all patients receiving moderate sedation/analgesia during procedures in the imaging environment. Capnography should be used at all times, regardless of whether sedation is administered by an anesthesia provider or a registered nurse credentialed to administer moderate sedation/analgesia medications.	2016
American Academy of Pediatrics	In the monitoring section, it is noted that vital signs, including heart rate, respiratory rate blood pressure, oxygen saturation, and expired carbon dioxide must be documented every 5 minutes in a time-based record. It is emphasized that capnography should be used in almost all deeply sedated children because of the increased risk of airway / ventilation compromise. In patients receiving supplemental oxygen, capnography facilitates the recognition of apnea or airway obstruction several minutes before the situation would be detected just by pulse oximetry. Under these circumstances, the desaturation would be delayed due to increased oxygen reserves and capnography facilitates earlier intervention.	2016

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