

Emergency Physicians' Attitudes and Practices in Procedural Sedation and Analgesia: A National Survey

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Abstract

Objective: Procedural sedation and analgesia (PSA) is integral to emergency department (ED) practice; however, variability in protocol implementation, monitoring standards, and safety practices may compromise patient outcomes. This study aimed to comprehensively evaluate the institutional infrastructure, clinical practices, pharmacologic preferences, safety attitudes, and sedation monitoring practices of emergency medicine specialists regarding PSA in Turkish EDs.

Methods: This national cross-sectional survey was conducted among emergency medicine specialists across Türkiye, including tertiary care hospitals, training and research hospitals, and state hospitals in multiple cities, between July 1

and August 1, 2018. A structured electronic questionnaire assessed institutional PSA infrastructure (availability of written protocols, monitoring equipment, and difficult airway equipment), PSA frequency, protocol availability, monitoring practices, pharmacologic preferences, complication experiences, and use of sedation depth assessment tools. The questionnaire was distributed to emergency medicine specialists via professional association mailing lists using a convenience sampling approach. Participants' demographic characteristics, clinical attitudes, and procedural practices were analyzed descriptively.

Results: A total of 405 emergency physicians (mean age 36.1 ± 4.7 years; 53.8% male)

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participated. The sampling frame targeted emergency medicine specialists actively practicing in Türkiye at the time of the survey. Of 943 specialists contacted, 405 completed the survey, yielding a response rate of 44.4%. Regarding attitudes and practices, the majority reported high procedural confidence, yet significant gaps were identified in adherence to structured protocols and objective monitoring. PSA was performed frequently, with 72.6% reporting more than five procedures per week. Despite this high procedural volume, 79.8% reported the absence of a written PSA protocol at their institution. While standard monitoring infrastructure was widely available (90.6%), adequate difficult airway equipment was reported by only 66.7% of respondents. Midazolam was the predominant sedative, and fentanyl was the leading analgesic. More than half of physicians (55.1%) reported experiencing at least one PSA-related complication, most frequently hypotension, respiratory depression/apnea, and hypoxia. Notably, 82.5% did not use any validated sedation depth assessment scale.

Conclusion: Although PSA is routinely performed in Turkish EDs and basic infrastructure appears largely sufficient, substantial deficiencies persist in protocol standardization, airway preparedness, and objective sedation assessment. These findings highlight a critical need for structured institutional PSA protocols and routine implementation of validated sedation monitoring

tools to enhance patient safety and reduce practice variability.

Keywords: Procedural sedation and analgesia, emergency department, emergency medicine specialists