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Standardized care enhances patient safety and outcomes: evidence-based multidisciplinary clinical practice guidelines

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The safety and effectiveness of diagnostic and procedural sedation are influenced by various factors, including patient characteristics (e.g., age, comorbidities, obesity, obstructive sleep apnea, and American Society of Anesthesiologists [ASA] classification), procedural aspects (type, duration, and setting), and sedation-related factors (choice of sedatives, dosage, provider's expertise, and monitoring). The risks increase with extremes in age, the presence of multiple health issues, and longer and more invasive procedures. Additionally, method of administration are also critical. Effective monitoring and adherence to guidelines are thus essential for minimizing complications.

Standardized guidelines are necessary in clinical practice as they play a major role in improving the quality and efficiency of patient care, maintaining consistency among healthcare professionals, and enhancing patient safety. Standardized guidelines reflecting the latest research and best clinical practices aid in improving care and patient outcomes. Healthcare providers who adhere to these standardized procedures and guidelines can maintain consistency in medical practice and optimize their workflow. Utilizing these guidelines enables the effective management and treatment of patients and can reduce medical costs. Compliance with evidence-based standardized guidelines also offers better legal protection for healthcare professionals. Additionally, the development and maintenance of these guidelines present opportunities for new research and improvements.

Several studies have emphasized the importance of clinical practice guidelines for procedural sedation. The 2002 guidelines published by the ASA Task Force on Sedation and Analgesia by Non-Anesthesiologists provide clinical guidance on the use of sedation and analgesics by non-anesthesiologists [1]. The 2018 guidelines on moderate procedural sedation and analgesia, which included a multidisciplinary team, offer recommendations for sedation management in specific clinical situations and patient groups [2].

In this issue of the *Korean Journal of Anesthesiology*, the Korean Clinical Practice Guidelines presented by Kim et al. [3] are noteworthy for several reasons. First, these guidelines focus on the Korean healthcare system and practices and were developed using a multidisciplinary approach that reflects various specialties and emphasizes the importance of a multidisciplinary approach in managing sedation in various clinical situations. Second, the authors recognize the reality that sedation is performed by non-anesthesiologists in Korea and thus provide specific guidelines for this target group. Additionally, as these are recent guidelines, they include guidance on the latest drugs being used in clinical settings, which may differ from guidelines available in other countries. Finally, these guidelines also pay greater attention to sedation management in pediatric patients compared with other guidelines.

However, interpreted in another way, the fact that these guidelines reflect the reality of Korean society means that they may not be directly applicable to other medical environments, especially where drug usage, medical infrastructure, and legal/regulatory environments vary. Although providing guidance on the increasing use of sedation by non-anesthesiologists is crucial, a clear delineation of the roles and expertise of anesthesiologists is still necessary.

Guidelines should be based on the best available evidence; however, research on certain sedation-related topics can be limited, particularly for new drugs or technologies for which long-term efficacy and safety data are limited. These guidelines adopt a modified Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach to assigning evidence levels and recommendation grades [4]. When the research available was insufficient for evidence assessment, surveys of expert opinions of sedation providers were conducted. Final recommendations were determined through two rounds of committee voting, user feedback surveys, and external expert reviews.

Several limitations necessitate caution in the application and interpretation of these guidelines in clinical practice. However, the validity of these guidelines can be maintained through continuous reviews and updates, and their applicability in various clinical settings must be considered.

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Conflicts of Interest

No potential conflict of interest relevant to this article was reported.

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