**Hypotension**

**INITIAL RESPONSE**
- Check rhythm and confirm BP reading
- Assess mental status by verbal and tactile stimulation
- Ensure adequate oxygenation and ventilation
- Administer a fluid bolus

**FOLLOW-UP RESPONSE**
- If no response to fluid bolus, inform the team and suspend the procedure
- Turn to supine position
- Call for assistance

**THINGS TO CONSIDER**
- Suspend the procedure
- Was anything done during the procedure that may be causing the hypotension?
- Does the patient have any comorbidities that may explain the hypotension?
- Admission or ED referral if hypotension is severe and sustained

**Hypertension**

**INITIAL RESPONSE**
- Check rhythm and confirm BP reading
- Differentiate baseline HTN from procedural stimulation or inadequate sedation
- Titrate sedation to desired level

**FOLLOW-UP RESPONSE**
- Inform team
- Define acceptable BP range and suspend procedure if BP exceeds this range

**THINGS TO CONSIDER**
- Suspend the procedure
- Did the patient miss routine antihypertensive medications that may be administered orally after the procedure?
- Admission or ED referral if HTN is severe and sustained

**Hypoxia**

**INITIAL RESPONSE**
- Verify pulse oximeter probe placement and waveform
- Verbal stimulation (encourage patient to take a deep breath)
- Chin lift/jaw thrust
- ↑FiO₂ (increase oxygen flow or change to high flow oxygen mask)
- Check for clinical signs of effective ventilation, respiratory distress or cyanosis
- Check vital signs frequently

**FOLLOW-UP RESPONSE**
- Inform the team
- Place nasopharyngeal or oral airway as needed
- Initiate bag-mask ventilation if no respiratory efforts
- Place patient in the supine position

**THINGS TO CONSIDER**
- Suspend the procedure
- Administer reversal agents
- Aspiration risk?
- Should the case be rescheduled and performed in consultation with anesthesiology?
**Bradycardia**

**INITIAL RESPONSE**
- Check rhythm and measure BP
- Assess mental status by verbal and tactile stimulation
- Treat bradycardia if patient is hypotensive and/or HR < 35 bpm

**FOLLOW-UP RESPONSE**
- Inform team
- Administer atropine 1 mg IV
- Administer a rapid fluid bolus if there is accompanying hypotension

**THINGS TO CONSIDER**
- Suspend the procedure
- Is bradycardia vagal response to the procedure?
- Did the patient have any cardiac conduction abnormalities that may have evolved into complete heart block?
- Admission or ED referral if bradycardia is severe and sustained

**Tachycardia**

**INITIAL RESPONSE**
- Check BP, heart rhythm and ST segments
- Assess if sedation level adequate
- Rule out supraventricular tachycardia
- Is tachycardia due to inadequate sedation?

**FOLLOW-UP RESPONSE**
- Inform team
- Treat sinus tachycardia with beta blockers if ischemic changes or if patient is at risk for ischemia, regardless of presumed cause
- Administer sedatives if inadequate sedation
- Administer a rapid fluid bolus if there is accompanying hypotension

**THINGS TO CONSIDER**
- Suspend the procedure
- Has there been a change in the patient’s baseline rhythm?
- Did the patient miss routine beta blockers that may be administered orally after the procedure?
- Admission or ED referral if tachycardia is severe and sustained OR with change in rhythm from baseline

**Agitation/Difficult to Sedate**

**INITIAL RESPONSE**
- Provide verbal reassurance
- Allow adequate time for drug onset
- Slowly titrate drugs to desired effect
- Check vital signs frequently

**FOLLOW-UP RESPONSE**
- Do not start the procedure until conditions are adequate

**THINGS TO CONSIDER**
- Suspend the procedure
- Hypoxia may cause agitation
- Is the patient on chronic opioid or benzodiazepine medications?
- Comorbidities may delay the time to peak effect for certain sedative agents
- Local anesthesia toxicity alters mental status
- Should the case be rescheduled and performed in consultation with anesthesiology?