Letter template for Low Dose Sedative for patients

Dear Colleague,

Thank you for asking me to outline my concerns with GPs being asked to provide 'a low dose sedative' for patients attending a hospital for imaging investigations. I will outline my concerns for you, and this will hopefully explain my refusal to provide such a prescription:

- 1. Small doses of benzodiazepines such at 2mg diazepam are probably sub-therapeutic for most adults for any effective sedation. Conversely anxiolytics can have an idiosyncratic response in patients, and even very small doses can cause increased agitation in some subsets of patients.
- 2. A patient may take a sedative 'an hour' before their assumed procedure, to then attend the hospital to find their procedure has been delayed, therefore the timing of the anxiolytic being sub optimal.
- 3. GPs are not regularly involved, skilled, trained or appraised in sedation skills.
- 4. All hospital consultants, both those requesting imaging and those providing it, have access to the same prescribing abilities as GPs. If a patient needs a certain medication to enable an investigation to go ahead, they are just as well positioned to provide a prescription, either through the hospital pharmacy or a hospital FP10.
- 5. Sedated patients should be regularly monitored, and I have been made aware of a case where a GP-provided sedative was given, the patient not monitored, and subsequently had a respiratory arrest in an MRI machine.
- 6. The Royal College of Radiologists' own guidelines on sedation for imaging makes no mention of GP involvement or provision of low dose anxiolytics and stresses the importance of experienced well trained staff involved and the monitoring of sedated patients: https://www.rcr.ac.uk/sites/default/files/publication/Safe Sedation.pdf

We maintain that we are not being 'obstructive' but adhering to our duty of care to provide safe, consistent, and appropriate care for our patients. We have the full support of our statutory representative body, Cheshire LMC, in this position.

We would be grateful if you could discuss this with your radiology colleagues to see if a preprocedure guideline could be formulated which provides you with the necessary arrangements to ensure imaging goes ahead for patients requesting sedation when attending hospital for imaging investigations.

Yours sincerely,