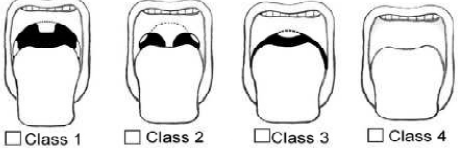


Adult Procedural Sedation Record

Physician Assessment

Anaesthesia MD: _____	Procedure MD: _____	P: _____	B/P: _____	RR: _____
Procedure: _____		Wt: _____	O ₂ Sat: _____	Ht: _____

Pre-Procedure Assessment

<p>Airway: Face and Dentures: <input type="checkbox"/> NAD OR</p> <p>Mallampati Score:  <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4</p> <p>3-3-2 Abnormality: <input type="checkbox"/> NAD OR</p> <p>Abnormal Neck Mobility: <input type="checkbox"/> NAD OR</p> <p>Obstruction or abnormal upper airway: <input type="checkbox"/> NAD OR</p> <p>ASA Classification: <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V</p>	<p>Medical/Anaesthesia Assessment: Relevant Medical Hx: <input type="checkbox"/> None OR</p> <p>Medication: <input type="checkbox"/> None OR <input type="checkbox"/> Reviewed in Chart</p> <p>Previous Anaesthesia: <input type="checkbox"/> No <input type="checkbox"/> Yes, Any problems?</p> <p>Relevant Allergies: <input type="checkbox"/> None OR</p> <p>NPO status:</p> <p>Respiratory and Cardiovascular Exam: <input type="checkbox"/> NAD OR</p>
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Procedural Preparation

<input type="checkbox"/> Discussed Risks and Benefits <input type="checkbox"/> Patient Consented as required <input type="checkbox"/> sodium chloride 0.9% IV running <input type="checkbox"/> RT/2 nd MD/Airways Designee	<p>Monitors and Equipment</p> <input type="checkbox"/> O ₂ Sat <input type="checkbox"/> B/P <input type="checkbox"/> Suction <input type="checkbox"/> Age appropriate equipment accessible <input type="checkbox"/> ETCO ₂ <input type="checkbox"/> ECG <input type="checkbox"/> O ₂ / BVM handy
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Procedural Notes

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Start Time (hhmm) _____

End Time (hhmm) _____

Date (dd/mm/yyyy) _____

MD Signature _____



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Adult Procedural Sedation Record

Sedation Results	<input type="checkbox"/> Adequate Sedation	<input type="checkbox"/> Adverse Effects	<input type="checkbox"/> Inadequate / Failed Sedation
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Adverse Effects – where "Yes" is checked please see interdisciplinary notes	Comments
Desaturation <input type="checkbox"/> No <input type="checkbox"/> Yes	
Airway Obstruction <input type="checkbox"/> No <input type="checkbox"/> Yes	
Apnea <input type="checkbox"/> No <input type="checkbox"/> Yes	
Aspiration <input type="checkbox"/> No <input type="checkbox"/> Yes	
Hypotension <input type="checkbox"/> No <input type="checkbox"/> Yes	
Bradycardia <input type="checkbox"/> No <input type="checkbox"/> Yes	
Prolonged / Excessive Sedation <input type="checkbox"/> No <input type="checkbox"/> Yes	
Excessive Irritability <input type="checkbox"/> No <input type="checkbox"/> Yes	
Other <input type="checkbox"/> No <input type="checkbox"/> Yes	

Discharge Criteria	
Discharge criteria score is ≥ 9 or the patient has returned to the pre-procedure baseline status	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vital signs within 5–10% of baseline and airway patent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient is easily awake and orientated	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient can communicate appropriately	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient can sit up unaided (if appropriate)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-sedation level of responsiveness	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient drinking and tolerating fluids – (minimal or no nausea and vomiting at time of discharge)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pain, if present, rated as less than 5	<input type="checkbox"/> Yes <input type="checkbox"/> No
ECG at pre-procedure baseline (excluding cardioversions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where "No" is checked, patient is not suitable for discharge – contact the physician (an interdisciplinary note is required)	

Discharge Time (hhmm): _____			
IV Discontinued <input type="checkbox"/> Intact	IV Site _____	Initials _____	
Discharge Instructions Provided <input type="checkbox"/> Verbally	<input type="checkbox"/> Written	Given To _____	
Discharged To <input type="checkbox"/> Home	<input type="checkbox"/> Unit	<input type="checkbox"/> Other _____	
Name: _____	Signature: _____		

Reference Tools for Patient Monitoring (Page 1)			
NH Discharge Criteria Score		Ramsay Sedation Scale	
	Score	Response	Score
Nausea / Vomiting			
Minimal	2	Anxious or restless or both	1
Moderate	1	Cooperative, orientated and tranquil	2
Severe	0	Responding to commands	3
Respiration			
Breathes, coughs freely	2	Brisk response to stimulus	4
Dyspnea	1	Sluggish response to stimulus	5
Apnea	0	No response to stimulus	6
Circulation			
Blood pressure \pm 20 mmHg of baseline	2		
Blood pressure > 20 – 50 mmHg difference from baseline	1		
Blood pressure > 50 mmHg difference from baseline	0		
Ambulation and Mental Status			
Oriented x 3 and has a steady gait	2		
Oriented x 3 or has a steady gait	1		
Neither	0		
O₂ Saturation			
SpO ₂ > 92% on room air	2		
SpO ₂ > 92% on supplemental oxygen	1		
SpO ₂ < 92% on oxygen	0		
Total score must be greater than or equal to 8 for discharge			
TOTAL			

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