MEMORIAL HOSPITAL

Sedation Record

PRE-SCREENING

Date: ____________________

Isolation Precautions: ☐ No ☐ Yes Type of Precautions: ____________________

Past Medical History: History obtained from: ☐ Parent ☐ Chart ☐ other ____________________

Interpreter used ☐ No ☐ Yes Name/language ____________________

	No	Yes	Comments
1) Prematurity			
• gestational age	☐	☐	______
• ventilator in NICU	☐	☐	______
• other	☐	☐	______
2) Airway			
• tracheostomy	☐	☐	______
• supplemental 0_2	☐	☐	______
• ventilation at home	☐	☐	______
• other	☐	☐	______
3) Respiratory			
• current URI	☐	☐	______
• asthma	☐	☐	______
• snoring at night	☐	☐	______
• mouth breather	☐	☐	______
• other	☐	☐	______
4) Cardiovascular			
• congenital heart defect	☐	☐	______
• murmur	☐	☐	______
• pacemaker	☐	☐	______
• cyanosis	☐	☐	______
• other	☐	☐	______

	No	Yes	Comments
5) Neurological			
• seizures	☐	☐	______
• shunt	☐	☐	______
• other	☐	☐	______
6) Gastrointestinal			
• reflux	☐	☐	______
• liver disease	☐	☐	______
• history of hepatitis	☐	☐	______
• other	☐	☐	______
7) Renal			
• kidney disease	☐	☐	______
• dialysis	☐	☐	______
• other	☐	☐	______
8) Endocrine			
• diabetes	☐	☐	______
• other	☐	☐	______
9) Organ transplant			
• bone marrow	☐	☐	______
• heart	☐	☐	______
• liver	☐	☐	______
• kidney	☐	☐	______

Comments: ____________________

____

____

____

Recent exposure to chicken pox, measles or any other infectious disease ☐ No ☐ Yes ____________________

	No	Yes	
Medications	☐	☐	____________________
Allergies	☐	☐	____________________
Prior surgeries	☐	☐	____________________
Surgical implants	☐	☐	____________________
Prior sedation history	☐	☐	____________________

____

(Signature of Person Obtaining Pre-screening)

Physical Assessment (Day of Procedure) Date: ______

Accompanied to procedure by: ☐ parent ☐ other ______

Primary Care M.D. ______

Time of last P.O. Intake: Solids ______ Clear liquids ______

Sleep deprived ☐ No ☐ Yes

Weight ______ kg Height ______ cm (optional)

ASA Physical Status Classification ______

B/P ______ P ______ R ______ 0_2Sat ______ T ______

FIO: ☐ Room Air ☐ Supplemental 0_2 ______

Airway:	No	Yes	
• strong gag reflex	☐	☐	______
• tracheostomy	☐	☐	______
• receding mandible	☐	☐	______
• loose teeth	☐	☐	______

• tonsils ☐ WNL ☐ Enlarged ☐ Removed ______

• other ______

Sedation Plan

______

ASA PHYSICAL STATUS CLASSIFICATION

Class I	A normally healthy patient.
Class II	A patient with mild systemic disease.
Class III	A patient with severe systemic disease.
Class IV	A patient with severe systemic disease that is a constant threat to life.
Class V	A moribund patient who is not expected to survive without the procedure.

Breath Sounds:

☐ clear bilaterally ______

☐ wheezing ______

☐ retractions ______

☐ other ______

• Aeration ☐ equal bilaterally ______

☐ unequal bilaterally ______

Cardiac:

• Heart rhythm ☐ regular ______

☐ irregular ______

• Extremities ☐ warm ______

☐ cool ______

☐ dry ______

☐ moist ______

• Skin color ☐ pink ______

☐ pale ______

☐ cyanotic ______

Neuromuscular:

☐ Appropriate development for child's age ______

☐ other ______

Behavior: ☐ calm/quiet ______

☐ crying/agitated ______

☐ other ______

Comments ______

______

Transported to procedure area: Time ______ ID Band Site ______

Transported with ☐ pulse oximeter ☐ oxygen ☐ ambu bag and mask Accompanied by ______

______
Signature of M.D. Reponsible for Sedation

______
Signature of Person obtaining Physical Assesment)

______
M.D. Name Printed and pager

Procedure Area Time of Arrival ____________________

Type of Procedure: ____________________

Procedure start time ____________ Procedure end Time ____________

Sedating Medication	Dose	Time	Route	Initials	IV Fluids
					☐ No ☐ Yes
					Cath size ______ Site ______
					IV fluids ________ Heplock ☐
					Total fluids ____________
					Comments: ____________

Equipment at Bedside [in place and checked for functioning before sedation begins] :

oxygen ☐ ambu bag w/ ______ size mask ☐ pulse oximeter ☐ B/P equipment ☐

resuscitation equipment available ☐ suction available ☐ other ____________

Monitoring: During Procedure and Recovery Area

Time														
LOC														
BP (mm/Hg)														
Pulse (beats/min)														
Resp. (breaths/min)														
0_2 Sat. (%)														
Oxygen method (L/min)	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Initials														

LOC [level of consciousness] Sedation Score:

6 = awake/active
5 = awake/quiet, calm
4 = crying/agitated
3 = asleep, easy to arouse
2 = asleep, slow to arouse
1 = asleep, difficult to arouse

Oxygen Method Key:

Room air = RA
Face mask = FM
Blow by = BB
Nasal Canula = NC

Comments: ____________________

Initials	Signature and Title

Initials	Signature and Title

Discontinuation of Monitoring:

Inpatient:

Time Returned to Inpatient Area ______

Report given to ______

❑ Return to ICU monitoring ______

❑ Vital signs stable

❑ A sedation score [LOC] of 5 or greater

❑ Taking oral fluids

❑ No evidence of post sedation complications

Comments: ______

Transported to______with ❑ oxygen ❑ pulse oximeter ❑ ambu bag and mask

______
Signature of RN

Outpatient:

Time of Discharge: ______

Discharge Criteria:

❑ Vital signs stable

❑ Taking oral fluids - nausea/vomiting minimal

❑ Post procedure care explained to accompanying adult

❑ A sedation score [LOC] of 5 or greater

❑ No evidence of post sedation complications

❑ Post procedure sedation instructions reviewed with parent/accompanying adult

❑ Interpreter used Name/Language ______

Comments: ______

______
Signature of Adult Receiving Discharge Instructions/Relationship

______
Telephone Number

______
Signature of Discharging RN or MD

Post Sedation Phone Call - Outpatient

Date/Time called: ______

Spoke with: ______

❑ No problems or concerns post sedation

❑ Problems or concerns post sedation (explain below)

Comments/concerns: ______

______
Signature of RN