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MODERATE SEDATION or SPECIAL PROCEDURE

PHYSICIAN FORM

PATIENT IDENTIFICATION

HISTORY & PHYSICAL EXAMINATION (this page to be completed for all OUTPATIENTS)

PATIENT NAME:			DATE:	
AGE:	HEIGHT:	WEIGHT:	SEX:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

HISTORY

PLANNED PROCEDURE:

PRE-OP DIAGNOSIS:

INDICATIONS / SYMPTOMS:

CO-EXISTING MEDICAL PROBLEMS:

PAIN HISTORY: ACUTE PAIN NO YES CHRONIC PAIN NO YES (Include location; intensity [0-10 Pain Scale]; quality [Patient's own words]; onset; aggravating factors; alleviating factors)

SOCIAL HISTORY: TOBACCO USE NO YES (describe) ALCOHOL USE NO YES (describe) SUBSTANCE ABUSE NO YES (describe)

CURRENT MEDICATIONS / HERBAL SUPPLEMENTS:

See Nursing Record

PREVIOUS ADVERSE REACTIONS WITH SEDATION, ANALGESIA, REGIONAL or GENERAL ANESTHESIA:

No Known Adverse Reactions YES (If "YES", describe)

ALLERGIES / MEDICATION REACTIONS:

No Known Drug Allergies

REVIEW OF SYSTEMS				FOCUSED PHYSICAL EXAM			
N	<input type="checkbox"/>	PAIN SYMPTOMS	<input type="checkbox"/>	N	<input type="checkbox"/>	HEART	<input type="checkbox"/>
O	<input type="checkbox"/>	NEURO	<input type="checkbox"/>	O	<input type="checkbox"/>	LUNGS	<input type="checkbox"/>
R	<input type="checkbox"/>	CARDIO / VASCULAR	<input type="checkbox"/>	R	<input type="checkbox"/>	ABDOMEN	<input type="checkbox"/>
M	<input type="checkbox"/>	RESPIRATORY	<input type="checkbox"/>	M	<input type="checkbox"/>	OTHER (List Below)	<input type="checkbox"/>
A	<input type="checkbox"/>	G.I.	<input type="checkbox"/>	A	<input type="checkbox"/>	_____	<input type="checkbox"/>
L	<input type="checkbox"/>	RENAL / G.U.	<input type="checkbox"/>	L	<input type="checkbox"/>	_____	<input type="checkbox"/>
	<input type="checkbox"/>	METABOLIC / ENDOCRINE	<input type="checkbox"/>		<input type="checkbox"/>	_____	<input type="checkbox"/>
YES	<input type="checkbox"/>	POSSIBLY PREGNANT?	<input type="checkbox"/>		<input type="checkbox"/>	MENTAL STATUS	<input type="checkbox"/>
			NO				L

COMMENTS / ABNORMAL FINDINGS:

PART OF THE MEDICAL RECORD

PRE PROCEDURE ASSESSMENT (for INPATIENTS & OUTPATIENTS)

ASA PHYSICAL STATUS:

- CLASS I : Normal / Healthy CLASS III : Severe Systemic Disease CLASS V: Morbid: Not Expected
 CLASS II: Mild Systemic Disease CLASS IV: Life Threatening Disease to Live without out Procedure

AIRWAY ASSESSMENT:

- NORMAL ABNORMAL (If "ABNORMAL", describe abnormalities below)

ABNORMAL AIRWAY (check applicable conditions below):

- Decreased hyoid-mental distance (< 3 finger breadths / adult) Short neck / limited neck extension
 Small mouth opening (< 3 finger breadths / adult) Non - visible uvula

OTHER FINDINGS (check applicable conditions below):

- Poor dentition / protruding teeth / dentures / braces / removal bridge, broken, loose, or capped teeth
 Other: _____ Obesity of the face & neck

NPO STATUS:

- NPO After Midnight OTHER: _____

SEDATION PLAN:

- IV Sedation OTHER: _____

INFORMED CONSENT FOR MODERATE SEDATION:

- Risks, Benefits & Alternatives Discussed OTHER: _____

PROCEDURE SUMMARY

PROCEDURE PERFORMED:

POST PROCEDURE DIAGNOSIS:

FINDINGS:

SPECIMENS:

- NO YES (list) _____

COMMENTS:

PATIENT CONDITION POST PROCEDURE:

POST PROCEDURE: Patient will be monitored according to "Moderate Sedation Recovery Policy"

PATIENT DISCHARGE

OUTPATIENT Discharge to home when **Initial** (Phase I) and **Final** (Phase II) discharge criteria are met. Patient must be accompanied by a responsible adult.

INPATIENT Discharge from **Initial Recovery Care** (Phase I) to previous level of nursing care when discharge criteria for Initial (**Phase I**) recovery are met.

OTHER _____

Physician completing the history and physical, performing the procedure and giving the discharge order:

PHYSICIAN SIGNATURE:

DATE:

PRINT NAME:

TIME:

(Military Time)

PART OF THE MEDICAL RECORD