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MODERATE SEDATION or SPECIAL PROCEDURE

MONITORING FORM

PATIENT IDENTIFICATION

DATE:		LOCATION:		PRE PROCEDURE CHECKLIST:		<input type="checkbox"/> Drugs	<input type="checkbox"/> Code Cart
				<input type="checkbox"/> Oxygen	<input type="checkbox"/> Suction	<input type="checkbox"/> Monitoring Equip	<input type="checkbox"/> Airway Equip
ID BRACELET CHECKED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	CONSENT SIGNED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NPO AFTER MIDNIGHT?	<input type="checkbox"/> YES <input type="checkbox"/> NO (If "NO", Specify Time of Last MEAL / LIQUIDS? _____)	(Military Time)	
NURSE:			TECHNICIAN:		ALLERGIES:		
PHYSICIAN:				PRE - PROCEDURE DIAGNOSIS:			

PROCEDURE:	TIME IN: (Military Time)
POST - PROCEDURE DIAGNOSIS:	TIME OUT: (Military Time)

	NOTES											
BP ∇ TIME: BASELINE Pulse ● Start Procedure ⊙ End Procedure ⊗ LOC CODES: 1 = AWAKE 2 = EASILY AROUSABLE 3 = LETHARGIC but AROUSABLE 4 = UNRESPONSIVE												
ECG (if used) <i>(Numeric)</i> RESP RATE SpO₂ L.O.C. COGNITIVE CODE PAIN SCALE												
OXYGEN L/Min Nasal / Mask FLUID FLUID												
A G E N T S	Demerol Fentanyl Versed Valium Ativan Benadryl Atropine Glucagon											
POSITION:												
EVENT:												
COGNITIVE CODES												
(A) Meaningful cognitive response to tactile or verbal stimuli.												
(B) Baseline mental status prevents Meaningful cognitive response												
(C) Impaired cognitive response to tactile or verbal stimuli.												
POSITIONS:												
Supine (SU)						Sitting (ST)						
Prone (PR)						Lithotomy (LT)						
Trendelenberg (TB)						R Lateral (RL)						
Reverse Tr (RT)						L Lateral (LL)						

COGNITIVE CODES	COMMENTS
(A) Meaningful cognitive response to tactile or verbal stimuli.	
(B) Baseline mental status prevents Meaningful cognitive response	
(C) Impaired cognitive response to tactile or verbal stimuli.	
SIGNATURE:	TITLE: DATE:

PART OF THE MEDICAL RECORD

POST PROCEDURE RECOVERY

	TIME:													NOTES
BP ∇														
Pulse ●	220													
Start Procedure ○	200													
End Procedure ⊗	180													
	160													
	140													
	120													
	100													
	80													
	60													
	40													

ECG (if used)													
(Numeric) RESP RATE													
SpO ₂													
L.O.C.													
COGNITIVE CODE													
PAIN SCALE													

L/Min Nasal / Mask													
OXYGEN FLUID													
FLUID													

A													
G													
T													

POSITION: _____
 EVENT: _____

PAIN SCALES:

WONG-BAKER: (Faces)

0 1 2 3 4 5

0-10 VISUAL: (Numeric)

0 1 2 3 4 5 6 7 8 9 10

VERBAL:

No Hurt Hurts Little Bit Hurts Little More Hurts Even More Hurts Whole Lot Worst Pain

NON-COGNITIVE: (FLACC Score)

1. Sum Face, Legs, Activity, Cry & Consolability Scores to calculate FLACC Score
 2. Record FLACC Score using 0-10 NUMERIC Scale above.

FACE	LEGS	ACTIVITY	CRY	CONSOLABILITY
0 = No particular expression or smile 1 = Sporadic grimace / frown, withdrawn, disinterested 2 = Frequent / constant frown, clenched jaw, quivering chin	0 = Normal position, or relaxed 1 = Uneasy, restless, tense 2 = Kicking, or legs drawn up	0 = Lying quietly, normal position, moves easily 1 = Squirming, shifting back & forth, tense 2 = Arched, rigid, or jerking	0 = No cry (awake or asleep) 1 = Moans or whimpers, occasional complaint 2 = Crying steadily, screams, sobs, frequent complaints	0 = Content, relaxed 1 = Reassured by occasional touching, hugging, or 'talking to', distractable 2 = Difficult to console or comfort

BANDAGE	PRESENCE OF PULSES <input type="checkbox"/> N/A
BANDAGE APPLIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ANGIOGRAM CATHETER
SITE: _____	PALPABLE <input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE: _____	AUDIBLE BY DOPPLER <input type="checkbox"/> YES <input type="checkbox"/> NO
CONDITION: _____	OTHER: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO

STANDARD PACU PLAN OF CARE IMPLEMENTED: YES NO

STANDARD OUTCOMES ACHIEVED WITHOUT DIFFICULTY? YES NO (if "NO", Explain) _____

DISCHARGE CRITERIA: (DISCHARGE FROM INITIAL RECOVERY PHASE WHEN ALL CRITERIA LISTED BELOW ARE MET)

- AWARE OF SELF & SURROUNDING (ALERT AND ORIENTED - or - HAS REACHED BASELINE MENTAL STATUS)
- BLOOD PRESSURE ± 20MMHg OF PRE-PROCEDURE BASELINE AND HR GREATER THAN 60 AND LESS THAN 110
- PULSE OXIMETER 95% OR GREATER WITHOUT OXYGEN THERAPY - or - O₂ SAT = BASELINE
- ABLE TO MOVE ALL EXTREMITIES ON COMMAND (UNLESS UNABLE TO PRIOR TO PROCEDURE)
- ALL CRITERIA MET** (If "NO", Explain) _____

VERBAL REPORT TO: _____ TELEPHONE WRITTEN

PATIENT TRANSFERRED TO: _____ TIME: _____ AM PM

<p>COGNITIVE CODES:</p> <p>A: Meaningful cognitive response to tactile or verbal stimuli B: Baseline mental status prevents meaningful cognitive response C: Impaired cognitive response to verbal or tactile stimuli</p>	COMMENTS
SIGNATURE: _____	
DATE: _____	

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POST PROCEDURE RECOVERY ADDENDUM

PATIENT IDENTIFICATION

RHYTHM STRIP INTERPRETATIONS

Pre - Procedure

	DATE: _____
	TIME: _____ (Military Time)
	INTERPRETATION: _____

RN SIGNATURE / TITLE: _____	

Post - Procedure

	DATE: _____
	TIME: _____ (Military Time)
	INTERPRETATION: _____

RN SIGNATURE / TITLE: _____	

Other

	DATE: _____
	TIME: _____ (Military Time)
	INTERPRETATION: _____

RN SIGNATURE / TITLE: _____	

Other

	DATE: _____
	TIME: _____ (Military Time)
	INTERPRETATION: _____

RN SIGNATURE / TITLE: _____	

PART OF THE MEDICAL RECORD

POST PROCEDURE RECOVERY

NOTES

BP	V	TIME:																					
Pulse	●	220																					
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T																							

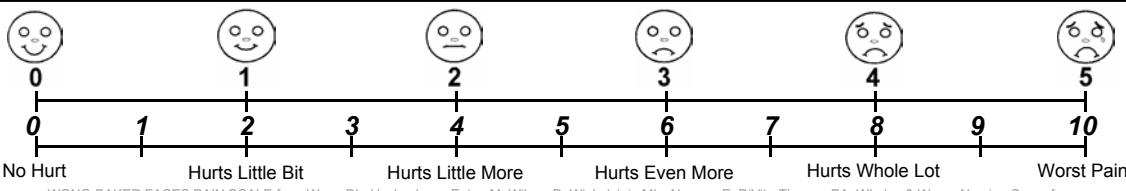
POSITION:																							
EVENT:																							

PAIN SCALES:

WONG-BAKER:
(Faces)

0-10 VISUAL:
(Numeric)

VERBAL:



NON-COGNITIVE:
(FLACC Score)

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2 = Frequent / constant frown, clenched jaw, quivering chin	2 = Kicking, or legs drawn up	2 = Arched, rigid, or jerking	2 = Crying steadily, screams, sobs, frequent complaints	2 = Difficult to console or comfort

COMFORT GOAL:

PAIN SCALE USED:

TIME	PAIN LOCATION	SEDATION (LOC) RATING	PAIN RATING	INTERVENTION	INITIALS	EVALUATION TIME / PAIN #	INITIALS

NURSE'S NOTES

DATE	TIME	COMMENTS