Procedural Sedation and Analgesia Assessment and Monitoring Form

Date: _______________________

Allergies: ____________________________________________________________________

Written consent: Yes ☐ if No, reason: __________________________________________________________________________

Weight (kg): _______________

Assisting healthcare professional: _______________________________________________

Accompanying adult for discharge; Name: __________________________________ Phone: _____________________________

Indication for Procedure

☐ Orthopedic
☐ Incision and drainage
☐ Imaging/behavior control
☐ Wound care
☐ Lumbar puncture
☐ Chest tube placement
☐ Cardiac
☐ Endoscopy
☐ Dental Surgery
☐ Other ______________________________

Intended Depth of Sedation

☐ Anxiolysis
☐ Procedural/Moderate sedation
☐ Deep sedation

Physician Discipline and Name

☐ Emergency ____________________________
☐ Orthopedics __________________________
☐ Surgery ______________________________
☐ Gastroenterology __________________________
☐ Plastics _______________________________
☐ Anesthesia ____________________________
☐ Oral Surgery ___________________________
☐ Other ________________________________

Last po intake (h)

Liquid: ☐ < 2 ☐ 2 - 6 ☐ > 6
Solid: ☐ < 2 ☐ 2 - 6 ☐ > 6
Bowel Prep ☐ Yes ☐ No
Pathologic Substance use: ☐ Alcohol ☐ Opioid
List: ________________________________________________________________

ASA Classification (circle)

I Healthy
II Mild Systemic Disease; No functional limits
III Severe Systemic Disease; Functional limitations
IV Severe Systemic Disease; Constant threat to life
V Moribund; Will not survive without procedure

Cardio/Respiratory Co-morbidities

No Unknown Yes
List: ________________________________________________________________

Clinical Assessment I

Chest exam: Normal ☐ Abnormal ☐
Specify: ________________________________________________________________

Clinical Assessment II Airway

Malampatti score 1 2 3 4
Hyomental distance ≥ 3 < 3 fingers
Mouth opening ≥ 3 < 3 fingers
Upper lip bite able unable
Neck ROM concern N ☐ Y
Neck pathology N ☐ Y
Beard N ☐ Y
Obese N ☐ Y
Edentulous N ☐ Y
Snoring history N ☐ Y
Relevant Medical History
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________

Medications
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________

Patient Condition Pre-Procedure
Vital Signs: BP_______ O₂Sat_______ HR_______ RR_______ T_______
RASS______ Pain (0-10)______ O₂ therapy initiated: _______h (time) at _______L/min NP or FM

IV Therapy
<table>
<thead>
<tr>
<th>Time started</th>
<th>Volume</th>
<th>IV Solution</th>
<th>Rate (mL/h)</th>
<th>Site</th>
<th>Size</th>
<th>Time stopped</th>
<th>Amount absorbed</th>
<th>Initials</th>
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Procedural Sedation Medication Record - name/route on left, note dose under appropriate time

<table>
<thead>
<tr>
<th>Time</th>
<th>Medication</th>
<th>Initials</th>
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Malampatti scoring system
1 2 3 4
## Assessment Record During Procedure

Monitor every 5-10 minutes during procedure.

Time started: ______________       Time finished: _________________

<table>
<thead>
<tr>
<th>RASS:</th>
<th>Combative +4</th>
<th>Very agitated +3</th>
<th>Agitated +2</th>
<th>Restless +1</th>
<th>Alert &amp; calm 0</th>
<th>Drowsy -1</th>
<th>Light sedation -2</th>
<th>Moderate sedation -3</th>
<th>Deep sedation -4</th>
<th>Unarousable -5</th>
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<tbody>
<tr>
<td>Time</td>
<td>BP</td>
<td>Pulse</td>
<td>RR</td>
<td>SaO₂</td>
<td>RASS</td>
<td>ETCO₂</td>
<td>Comments / Medications</td>
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## Post Procedure Assessment Record

Monitor every 10-15 min post procedure until return to baseline +/- 20%, then every 30-60 min until discharged.

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<th>RASS:</th>
<th>Combative +4</th>
<th>Very agitated +3</th>
<th>Agitated +2</th>
<th>Restless +1</th>
<th>Alert &amp; calm 0</th>
<th>Drowsy -1</th>
<th>Light sedation -2</th>
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<th>Deep sedation -4</th>
<th>Unarousable -5</th>
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<td>Time</td>
<td>BP</td>
<td>Pulse</td>
<td>RR</td>
<td>SaO₂</td>
<td>RASS</td>
<td>ETCO₂</td>
<td>Pain</td>
<td>Comments / Medications</td>
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**Progress Notes**

<table>
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<tr>
<th>Date (YYYY/MM/DD)</th>
<th>Time (24 h)</th>
<th>Progress Notes</th>
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**Adverse Events**

- Hypoxia (SaO₂ <90%)
- Apnea > 30 seconds
- Hypotension (SBP <100 or 85 if baseline <100 mm Hg)
- Arrhythmia; Specify ________________________
- Vomiting ________________________
- Other ___________________________________
- None ________________________

**Intervention(s)**

- Increase FiO₂
- Airway repositioning maneuver
- Oral/Nasal airway
- Assisted ventilation
- Endotracheal intubation
- Other rescue device
  - Specify ________________________
- Rescue medication
  - None

**Patient Opinion of Procedure**

- Unpleasant ________________________
- No recollection/Indifferent ________________________
- Satisfied ________________________

**Maximum Depth of Sedation Achieved**

- Anxiolysis ________________________
- Procedural/Moderate sedation ________________________
- Deep sedation ________________________
- General anesthesia ________________________

**Patient Discharge Criteria** - must score YES on all **bolded** criteria to be discharged

- **Airway patent and stable**
  - YES
  - NO
  - Able to sit
  - YES
  - NO
  - N/A

- **Vital signs within 20% of baseline**
  - YES
  - NO
  - Able to talk (age appropriate)
  - YES
  - NO
  - N/A

- **Awake and oriented x 3**
  - YES
  - NO
  - Tolerating oral fluids
  - YES
  - NO
  - N/A

- **Pain management plan discussed**
  - YES
  - NO
  - Able to mobilize
  - YES
  - NO
  - N/A

- **Accompanied by responsible adult**
  - YES
  - NO

**Comments:** ________________________________________________________________________________________________

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**Discharge instructions reviewed**

- YES
- NO
- Verbal
- Written material provided

**Discharge home with**

- Medications
- Dressing supplies
- Other ________________________

**Prescriptions**

- YES
- NO

**IV removed**

- Time: _______________
  - by: ________________________

**Dentures returned**

- YES
- NO
- Not applicable

**Glasses/Other aids returned**

- YES
- NO
- Not applicable

**Surgical/Procedural site dressing checked**

- YES
- Not applicable

**Discharged**

- Home ________________________
  - Nursing Unit ________________________
  - Other: ________________________

- Private vehicle ________________________
  - Cab ________________________
  - EHS ________________________
  - Other: ________________________

**Discharge time:** ________________________

**Discharged by:** ________________________

**Signature** | **Initial** | **Signature** | **Initial**
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