SEDATION MONITORING FORM

Clinic or Unit: _____

PREPROCEDURE INTERVIEW / PATIENT HISTORY

DATE OF PLANNED PROCEDURE:_____ TIME OF PROCEDURE:_____ TODAYS DATE:___/___/_____

PLANNED PROCEDURE:_____ PLANNED LEVEL OF SEDATION: ☐ Minimal ☐ Moderate ☐ Deep

CHECK (✓) IF YOU CURRENTLY HAVE OR RECENTLY HAD: (PATIENT TO FILL OUT TOP SECTION)

CARDIOVASCULAR

YES	NO	
☐	☐	Chest Pain
☐	☐	High Blood Pressure
☐	☐	Irregular Heart Beat
☐	☐	Heart Attack
☐	☐	Stroke
☐	☐	Heart Failure
☐	☐	Murmur or Valve Problems
☐	☐	Coronary Artery Stents
☐	☐	Pacemaker/Defibrillator
☐	☐	Heart Surgery

GASTROINTESTINAL

YES	NO	
☐	☐	Abdominal Pain
☐	☐	Nausea/Vomiting
☐	☐	Diarrhea
☐	☐	Constipation
☐	☐	GI Bleeding
☐	☐	Polyps/Tumors
☐	☐	Difficulty Swallowing
☐	☐	Hiatal Hernia or Reflux
☐	☐	Crohn's or Ulcerative Colitis
☐	☐	Peptic Ulcer Disease

RESPIRATORY

YES	NO	
☐	☐	Asthma
☐	☐	Bronchitis
☐	☐	Cough
☐	☐	Emphysema
☐	☐	Pneumonia
☐	☐	Shortness of Breath
☐	☐	Tuberculosis
☐	☐	Sleep Apnea/Snoring
☐	☐	Breathing Machine

NEUROLOGICAL

YES	NO	
☐	☐	Migraines/Headaches
☐	☐	Paralysis/Weakness
☐	☐	Numbness/Tingling
☐	☐	Seizures
☐	☐	ALS or Multiple Sclerosis

MUSCULO-SKELETAL NEUROLOGICAL

YES	NO	
☐	☐	Arthritis
☐	☐	Back Problems
☐	☐	Prosthesis (hip, knee, etc.)

MISCELLANEOUS

YES	NO	
☐	☐	Bleeding Disorders
☐	☐	Cancer: _____
☐	☐	Recent Chemo (Date:_____)
☐	☐	Diabetes Onset:_____
	☐	Insulin ☐ Oral Meds
☐	☐	HIV/AIDS
☐	☐	Kidney problems or dialysis
☐	☐	Thyroid problems
☐	☐	Liver Problems/Abnormalites
☐	☐	Are you pregnant
☐	☐	Hysterectomy
☐	☐	Post-menopausal
☐	☐	Tubal Ligation
☐	☐	Are you Lactating/Breastfeeding
☐	☐	Drink alcohol
		If yes/drinks per week:_____
☐	☐	Tobacco Use
		How much per day: _____
		How many years: _____
☐	☐	Chemical dependency:_____
☐	☐	Substance Abuse: _____

☐ ☐ List previous surgeries:_____

☐ ☐ Are you having any pain that is unrelated to your visit today? If yes, pain site & intensity pain scale 0-10:_____

☐ ☐ List previous problems with Sedation, Anesthesia, or Pain Control: _____

_____

☐ ☐ List implanted devices:_____

☐ ☐ Are you allergic to any medications, foods, soaps, dyes, tapes or latex? Please list: _____

_____

☐ ☐ Are you taking any medications, vitamins/supplements? Please list: _____

_____

_____

BELOW FOR NURSING STAFF ONLY:

COMMUNICATION LIMITATION

☐ Language barrier ☐ Translator needed
☐ Deaf ☐ No Communication Limitations
☐ Impaired vision
☐ Other

NUTRITIONAL ASSESSMENT

☐ No restrictions
☐ Diet at Home: _____
☐ Recent unintentional weight loss > 10 lbs
☐ Prolonged nausea/vomiting and/or diarrhea
☐ Poor appetite/intake
☐ Tube feeding
☐ Fall Risk/Precautions

DISCHARGE PLANNING / FUNCTIONAL ASSESSMENT

Consider the following:

☐ Support systems
☐ Live in Barracks/Berthing
☐ Home Health needs
☐ Social Services
☐ Environmental needs
☐ Extended care needs
☐ Referral for pain assessment
☐ Intervention documented in narrative notes
☐ Case Manager Notified on (Date):_____
☐ Cultural and/or spiritual practices you want us to know about?
☐ No Intervention required per Nursing & Patient Assessment

Patient Information / Addressograph / Bar Code Label:

OUTPATIENT TRANSPORTATION

☐ Patient understands requirement for transportation home following procedure with sedation.

Name:_____
Relationship:_____
Phone #: _____
History reviewed & interviewed by Pre-Operative Nurse:

_____
Signature/Printed Name Date/Time

PATIENT INSTRUCTION DOCUMENTATION

☐ Age:_____
☐ Weight:_____
☐ Height:_____
☐ B/P_____/_____HR_____R/R_____TEMP_____
☐ SPO2_____% DATE: _____Time:_____

PROCEDURE	INSTRUCTION METHOD	
☐ Outpatient	☐ Verbal	☐ Family
☐ Pre-admitted	☐ Written	☐ Demonstration
☐ Inpatient	☐ Video	☐ Return demonstration
	☐ Patient	

PROCEDURE EXPLAINED

Exam
- ☐ Description of procedure.
- ☐ IV placement
- ☐ Medications
- ☐ Scope or catheter placement
- ☐ *May have pain, will be awake*
- ☐ Biopsy specimen collection

Intra-procedure
- ☐ Length of procedure
- ☐ Infection control measures
- ☐ Monitoring equipment
- ☐ *Cardiac monitor, pulse ox,* auto B/P, ETCO2
- ☐ Positioning/Safety

Recovery
- ☐ Length of recovery
- ☐ Sensations of exam & meds
- ☐ Monitoring equipment
- ☐ Discharge criteria
- ☐ Discharge instructions

Specific medication instructions
- ☐ Diabetes *cont./hold when*_____
- ☐ Asthma *cont./hold when*_____
- ☐ Hypertension *cont./hold when*_____
- ☐ Diuretic *cont./hold when*_____
- ☐ Aspirin *cont./hold when*_____
- ☐ Coumadin *cont./hold when*_____
- ☐ Plavix *cont./hold when*_____
- ☐ Anti-inflammatory *cont./hold when*_____
- ☐ Lovenox *cont./hold when*_____

Procedural preparation
- ☐ NPO
- ☐ Clear liquid diet
- ☐ Bowel prep_____
- ☐ Skin Prep
- ☐ Diagnostic Tests (i.e. ECG): (*please list)* _____
  _____
- ☐ Other: _____

Confirmed preparation
- ☐ Patient verbalized understanding
  Verified time of arrival
  Received prep
- ☐ Correct site confirmed by Pt.

Patient Signature:_____

PREPROCEDURAL PHYSICAL ASSESSMENT/CHECKLIST (to be completed by nurse or LIP)

PREPARATION

YES	NO	
☐	☐	Designated driver present
☐	☐	NPO since:_____
☐	☐	Bowel preparation done if applicable
☐	☐	Procedure consent(s) signed

REVIEW OF HISTORY

YES	NO	N/A	
☐	☐	☐	ASA/NSAIDS (last 5-10 days)
☐	☐	☐	Recent cough, cold (last 7-10 days)

VS/LAB/EVAL

YES	NO	N/A	
☐	☐	☐	HCG negative
☐	☐	☐	EKG_____
☐	☐	☐	CXR_____
☐	☐	☐	LABS_____

PREPROCEDURAL ASSESSMENT

Level of consciousness

YES	NO	
☐	☐	Alert/oriented
☐	☐	Confused/disoriented
☐	☐	Calm/relaxed
☐	☐	Anxious
☐	☐	Cooperative
☐	☐	Sedated
☐	☐	Allergies: _____

☐ Pain scale: 0-10: _____ Location: _____

Cardiovascular

YES	NO	
☐	☐	Skin color normal
☐	☐	Peripheral pulses present
☐	☐	No edema
☐	☐	Heart rate regular
☐	☐	Extremities warm

Respiratory/Airway

YES	NO	
☐	☐	Lungs clear bilaterally
☐	☐	No nasal congestion/cough
☐	☐	Body/Tongue Piercings
☐	☐	Neck free range of motion
☐	☐	Loose, Chipped, Capped Teeth: _____
☐	☐	Mouth Opening >5cm
☐	☐	Thyroid-Mentum >5cm
☐	☐	Absence of head/neck anomaly or pathology

Integument

YES	NO	
☐	☐	Skin intact
☐	☐	Warm
☐	☐	Dry
☐	☐	Normal turgor

SEE ESSENTRIS NOTE

_____ **(Signature/Printed Name/Title/Date/Time)**

AIRWAY EXAM / H&P UPDATE (to be completed by LIP)

☐ ASA Class: I II III *IV* V** ☐ Mallampati Airway: I II III* IV*

**** ASA Class IV or V or Mallampati Airway III or IV consider Anesthesia consultation prior to sedation***

☐ On day of admission, H&P reviewed, Medication Records Reconcilled, and Pt. examined. ☐ No interval changes noted.

☐ Following changes noted: _____

_____

_____

_____ **(Signature/Printed Name/Title/Date/Time)**

Time	*Drug*	*Dose*	*Route*

Procedure Team: Technician: Resident/Fellow: Attending:

INTRA-PROCEDURE

IV Placed in Clinic:@_____
☐ Existing IV
Cath_____
Site_____
Started by: (Initial)_____
Solution/Rate_____
Volume Hung_____

Items Removed:
☐ Dental appliances
☐ Glasses
☐ Contact Lenses
☐ Prosthesis
☐ Pt. belongings secured
☐ Valuables given to Escort

Miscellaneous:
☐ Diagnostic Reports w/correct Patient ID (i.e. rad, path)
☐ Lab Test Results in Chart w/correct Patient ID
☐ Peri-op Antibiotic: If yes Med/Dose:_____IV/PO Time:_____
☐ Reversal Meds Available

Equipment:
Scope/Serial #: _____/_____
Type/Serial #: _____/_____
Ground Loc: _____/_____
Skin integritywhen equipment removed:
☐ Intact ☐ Other_____

Patient Position:
☐ Supine
☐ Prone
☐ L/R Lateral
☐ Lithotomy
☐ _____

Local/Skin Prep:
☐ Betadine Paint
☐ Hibiclens
☐ Chloroprep
☐ Local Anes:_____
☐ Local Anes:_____
☐ Other: _____

Monitors in place:
☐ Auto B/P
☐ EKG
☐ Oximeter
☐ ETCO2
☐ Other_____
☐ Other_____

Procedure: _____
Date: _____ *Room #:* _____
Times: Start _____ *End* _____

Procedure Pause "Time Out" completed @: _____ (See NMCSD Procedure Safety Checklist)

MONITORING

Time →	Pre																										Totals
Versed (mg)	Reassessed immediately prior to sedtion																										
Demerol (mg)																											
Fentanyl (mcg)																											
Morphine (mg)																											
Narcan																											
Romazicon																											

Pre-Procedure Aldrete:

B/P

200 180 160 140 120 100 80 60 40 20

Vital Signs Codes:
● Pulse
▼ SBP
▲ DBP

SEE ESSENTRIS NOTE

Resp Rate																											
Sat %																											
ETCO2																											
O2 (liters/min)																											
LOC																											
Pain																											
Rhythm																											
Comment #																											

LOC: ***1****-Awake, alert oriented* ***2****-Occaionally drowsy, easy to arouse* ***3****-Frequently drowsy, drifts off/sleeps during conversation, arousable* ***4****-Somnolent, minimal or no response to stimuli*

PAIN: **I** - No expression, HR&BP = to or < preop, no vocalization, content, relaxed. **II** - Occasional grimace, HR&BP ~ 20% preop, vocalizing pain, can reassure, tense.
III - Grimacing, HR&BP >20% preop, moaning, difficult to comfort, restless.

Wasted Meds(Drug/Amount):_____/_____ Wasted Meds(Drug/Amount):_____/_____

SEDATION MONITOR:_____/_____**(Sign/Print/Title/Date/Time)**

WITNESS:_____/_____**(Sign/Print/Title/Date/Time)**

ORDERING MO:_____/_____**(Sign/Print/Title/Date/Time)**

Specimen Collected: ☐ YES ☐ NO
Type/Location:_____ Total#:_____
Type/Location:_____ Total#:_____
Type/Location:_____ Total#:_____
Type/Location:_____ Total#:_____

EBL:_____mL **Reversal Agents Used:**_____ ☐ None used
Why? _____

PROCEDURE NARRATIVE NOTES

POST-PROCEDURE/DISCHARGE PLANNING & RELEASE

☐ Placed on monitors, safety devices implemented, side rails up x2.

Post-procedure medications:

Time	*Medication*	*Dose*	*Route*	*Pain Level*	*Med response (30 min) Pain Level*	*Initials*

Aldrete Scoring System			PRE	POST
Activity:	Able to move 4 extremities	2		
	Able to move 2 extremities	1		
	Unable to move	0		
Respirations:	Able to deep breathe & cough freely	2		
	Dyspnea or limited breathing	1		
	Apneic	0		
Circulation:	BP = 20mm of preanesthetic level	2		
	BP = 20 - 50mm of preanesthetic level	1		
	BP = 50mm of preanesthetic level	0		
Consciousness:	Fully awake (able to answer questions)	2		
	Arousable on calling (arousable only to calling)	1		
	Unresponsive	0		
Oxygenation:	O2 saturation >92% on room air	2		
	Needs O2 inhalation to maintain saturation > 90%	1		
	O2 saturation< 90% even with supplement	0		
Must score between 8-10 for discharge		**TOTAL**		

Intake & Output:	**intraop**	**recovery**
IV Amt infused:		
Oral Intake:		
Total Intake:		
Emesis Amt:		
Urine Amt:		
Total Output:		

Labs Drawn Post-Procedure:_____

Results:

☐ Procedure dressing clean dry and intact. Comments: ~~SEE ESSENTRIS NOTE~~

☐ Other drains/tubes intact. Comments: _____

☐ IV catheter removed, no sign of IV therapy complications, or see narrative.

☐ Discharge criteria met: No IV sedation in past 30 minutes, vital signs stable for at least 30 minutes, adequate ventilation & oxygenation

☐ Patient free from undue discomfort caused by the procedure. Pain site & intensity (pain scale 0-10): _____

☐ ***Discharge criteria met at:*** *(Time)* _____

☐ Written discharge instructions addressing diet, activity, comfort measures, medications, precautions and follow-up care discussed with, and given to patient &/or escort. Patient/escort verbalizes understanding of instructions.

Released from Recovery room/clinic with escort via: ☐ Ambulation ☐ Wheelchair ☐ Gurney ☐ Other:_____ ***at:*** *(Time)* _____

Name of person report verbalized to prior to patient transfer: _____ ☐ SBAR Format used

Discharged to: ☐ Home ☐ Inpatient Ward:_____ ☐ Observation Ward:_____ ☐ Other:_____

☐ Physician discussed results with patient & escort, reviewed episode of care, approve discharge: _____

(Sign/Print/Title/Date/Time)

Recovery Staff :_____/_____

(Sign/Print/Title/Date/Time)

Product Labels: