

Date: \_\_\_\_\_ Sedation Unit/Site: \_\_\_\_\_ Patient Unit Site if different: \_\_\_\_\_

Procedure: \_\_\_\_\_ Performed by: \_\_\_\_\_ Sedation Prescriber: \_\_\_\_\_

Allergies: \_\_\_\_\_ Last food or drink (item/time): \_\_\_\_\_

### History and Physical

- PE/health assessment including airway exam completed/in chart
- No previous sedation/anesthesia
- Previous sedation/anesthesia WITHOUT complications
- Previous sedation/anesthesia WITH complications (describe) \_\_\_\_\_
- Medical chart reviewed

### Sedation Risk Factors (check if present: may require anesthesia/intensive care consult for sedation if present)

- None
- Craniofacial abnormality with airway difficulty
- Upper airway obstruction
- Reactive airway disease
- Apnea
- Chronic hypoxia/cyanosis
- Cyanotic heart disease
- Gastroesophageal reflux (severe)
- History of liver failure
- Cerebral palsy with swallowing difficulty
- Ex-preemie < 60 weeks post conceptual age
- Seizures (poorly controlled)
- Other: \_\_\_\_\_

<input type="checkbox"/> <b>ASA-1</b> Normal healthy patient	<b>Pertinent Lab/Diagnostic Tests:</b> _____ _____ _____ _____ _____
<input type="checkbox"/> <b>ASA-2</b> Patient with mild systemic disease	
<input type="checkbox"/> <b>ASA-3</b> Patient with severe systemic disease	
<input type="checkbox"/> <b>ASA-4</b> Patient with severe systemic disease with constant threat to life	
<input type="checkbox"/> <b>ASA-5</b> Patient not expected to survive	
<input type="checkbox"/> <b>Emergent</b> - Performed as part of an unplanned emergency condition	

### Plan (check one)

- Minimal sedation/analgesia
- Moderate sedation/analgesia
- Deep sedation/analgesia

### Informed Consent (signed by Physician) OR Informed Consent in chart

I have discussed the benefits, risks, options and alternatives of sedation with or without analgesia with the patient or legally authorized person who agrees to the use of sedation/analgesia.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Discharge Post-Sedation:

The patient's discharge from the hospital must be ordered by a licensed independent practitioner, or the patient must meet the discharge criteria outlined in the sedation policy, which indicate that the patient has recovered sufficiently to safely be discharged home.

### Standard Criteria for Discharge Include:

- VS stable (return to baseline, appropriate for age).
- Swallow, cough, gag reflex present or return to baseline.
- Able to ambulate or perform movement consistent with developmental age or baseline.
- Minimal nausea, vomiting, or dizziness, state of hydration is adequate.
- Absence of respiratory distress. Rate & effort returned to baseline, appropriate for age.
- Alert and oriented as appropriate for age, or baseline status.
- Tolerated treatment without adverse reaction; or, if adverse event occurred requiring treatment but not admission, patient must be monitored for at least 2 hours
- Pain < 4 on appropriate pain scale for age
- > 30 minutes from administration of IV, nasal, or sublingual narcotic.
- > 2 hours from administration of a reversal agent.
- Patient does not meet 24-hour admission criteria (i.e., term infant < 44 weeks post-conceptual age; ex-preemie ≤ 50 weeks post-conceptual age; or, children on an apnea monitor, apnea therapy, and/or oxygen at home, regardless of age).
- Sedation Discharge Instructions to be provided to and discussed with patient/family (ED/Outpatient Procedures)

Patient Label

0655



George Page 11/4/05

