Rhode Island Hospital
A Lifespan Partner

Addressograph Only

SEDATION MONITORING RECORD
Addendum

Date:_____

ADDITIONAL MONITORING

- ☐ **INTRA-PROCEDURE - As per Standards (Minimum Q 5 - 15 min - Continuous SpO2 required)**
- ☐ **POST-PROCEDURE - As per Standards (Minimum Q 15 min - Continuous SpO2 required)**

Time	BP	P / Rhythm	RR	SpO_2	* LOC	O_2	** Pain	$ETCO_2$ ED Use Only	Time	Medication	Dosage	Route	IV Solution	RN/MD Signature
Events/Notes:														

***LOC (Awake alert-0) (Drowsy-1) (Arouses easily-2) (Difficult to arouse-3) (Unable to arouse-4)**
** **Pain Scale** 0-10

RN Signature:_____ MD/LIP Signature:_____ Date:_____