



SEDATION MONITORING RECORD (Page 1 of 3)

Date: _____ Time: _____

Addressograph Only

PLANNED PROCEDURE: _____

Pre-procedure DIAGNOSIS/INDICATION: _____

ALLERGIES: No Known Yes (list) _____

MEDICATIONS: None Yes (list) _____

HISTORY & PHYSICAL EXAM

Check here if H&P: a) Was performed within 30 days preceding procedure, b) Is in the hospital record and is present at the time of the procedure & c) Has been reviewed and no significant change is noted in patient's condition.
(If any one of the above conditions is not met, complete History & Physical Exam below.)

HISTORY: Check here if benign medical history. (If positive, check and/or describe below.)

MI Angina Stroke Seizure

Cardiac: _____ CNS: _____ Hypertension

Asthma COPD OSA Diabetes Hypothyroid

Pulmonary: _____ Endocrine: _____ Pregnant

TIA Claudication Dialysis CRF

Vascular: _____ Renal: _____ Hepatitis

Bleeding problem: _____ Other significant history: _____

REVIEW OF SYSTEMS, significant findings: _____

PHYSICAL EXAM: (All five elements are required. Use check boxes below or describe if variation.)

Head and Neck: <input type="checkbox"/> no masses or bruits	Lungs: <input type="checkbox"/> clear	Extremities: <input type="checkbox"/> no edema, pulses intact
Heart: <input type="checkbox"/> sinus rhythm, no murmur	Mental Status: <input type="checkbox"/> alert & oriented x 3	Other: _____

LABS: None required Results acceptable Other _____

EKG: None required Results acceptable Other _____

Unless otherwise directed by the patient or surrogate decision maker & documented in the hospital record,
Do Not Resuscitate (DNR) ORDERS WILL BE SUSPENDED DURING SEDATION

ASA PHYSICAL STATUS CLASSIFICATION: (select one)

- ASA I - normally healthy patient ASA III - severe systemic disease ASA V - moribund patient
 ASA II - mild systemic disease ASA IV - life-threatening disease E - emergency

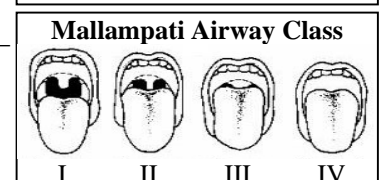
No Yes History of **COMPLICATION WITH SEDATION:** _____

SEDATION PLAN: Deep Sedation (LOC 3-4) administered only by Anesthesia Dept. or personnel approved by Anesthesia Dept.

Moderate Sedation Medication: _____ No Sedation

- Sedation risks and options explained, questions answered, consent for sedation obtained
 Appropriate monitors, resuscitative & IV equipment available
 NPO status verified Time of Last Intake: Solids/Milk _____ Clear Liquids _____
 Airway assessment performed Airway Class _____

NPO Guidelines:
Solids & Milk Products ≥ 6hrs
Breast Milk ≥ 4hrs
Clear Liquids & Oral Contrast ≥ 2hrs



MD/NP Signature: _____ Date: _____

Print Name: _____ Phone/Beeper: _____

