## Sedation Record

### PRE-SCREENING

**Isolation Precautions:**
- [ ] No
- [ ] Yes

**Type of Precautions:**

**Past Medical History:**
- History obtained from:
  - [ ] Parent
  - [ ] Chart
  - [ ] other

**Interpreter used:**
- [ ] No
- [ ] Yes

**Name/Language:**

### 1) Prematurity

- gestational age
- ventilator in NICU
- other

### 2) Airway

- tracheostomy
- supplemental O₂
- ventilation at home
- other

### 3) Respiratory

- current URI
- asthma
- snoring at night
- mouth breather
- other

### 4) Cardiovascular

- congenital heart defect
- murmur
- pacemaker
- cyanosis
- other

### 5) Neurological

- seizures
- shunt
- other

### 6) Gastrointestinal

- reflux
- liver disease
- history of hepatitis
- other

### 7) Renal

- kidney disease
- dialysis
- other

### 8) Endocrine

- diabetes
- other

### 9) Organ transplant

- bone marrow
- heart
- liver
- kidney

**Comments:**

**Recent exposure to chicken pox, measles or any other infectious disease:**
- [ ] No
- [ ] Yes

**Medications**

**Allergies**

**Prior surgeries**

**Surgical implants**

**Prior sedation history**

**Signature of Person Obtaining Pre-screening**
Physical Assessment (Day of Procedure) Date: 

Accompanied to procedure by: □ parent □ other 

Primary Care M.D. 

Time of last P.O. Intake: Solids □ Clear liquids 

Sleep deprived □ No □ Yes 

Weight ________ kg Height ________ cm (optional) 

ASA Physical Status Classification 

B/P □ Room Air □ Supplemental O₂ 

FIO: 

Airway: □ Yes 

• strong gag reflex □ □ 
• tracheostomy □ □ 
• receding mandible □ □ 
• loose teeth □ □ 
• tonsils □ WNL □ Enlarged □ Removed 
• other 

Breath Sounds: 

□ clear bilaterally 
□ wheezing 
□ retractions 
□ other 

• Aeration □ equal bilaterally 
□ unequal bilaterally 

Cardiac: 

• Heart rhythm □ regular 
□ irregular 

• Extremities □ warm 
□ cool 
□ dry 
□ moist 

• Skin color □ pink 
□ pale 
□ cyanotic 

Neuromuscular: 

□ Appropriate development for child’s age 
□ other 

Behavior: 

□ calm/quiet 
□ crying/agitated 
□ other 

Comments: 

Transported to procedure area: Time __________ ID Band Site __________ 

Transported with □ pulse oximeter □ oxygen □ ambu bag and mask 
Accompanied by __________ 

Signature of M.D. Responsible for Sedation 

Signature of Person obtaining Physical Assessment 

M.D. Name Printed and pager
**Procedure Area**

**Time of Arrival**

<table>
<thead>
<tr>
<th>Type of Procedure:</th>
<th>Procedure start time</th>
<th>Procedure end Time</th>
<th>IV Fluids</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Sedating Medication</th>
<th>Dose</th>
<th>Time</th>
<th>Route</th>
<th>Initials</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cath size</td>
<td>Site</td>
<td>IV fluids</td>
<td>Heplock</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total fluids**

Comments:

**Equipment at Bedside** (in place and checked for functioning before sedation begins):
- oxygen
- ambu bag
- size mask
- pulse oximeter
- B/P equipment
- resuscitation equipment available
- suction available
- other

**Monitoring:**

<table>
<thead>
<tr>
<th>Time</th>
<th>LOC</th>
<th>BP (mm/Hg)</th>
<th>Pulse (beats/min)</th>
<th>Resp. (breaths/min)</th>
<th>O₂ Sat. (%)</th>
<th>Oxygen method (L/min)</th>
<th>Initials</th>
</tr>
</thead>
</table>

**LOC** [level of consciousness]

- 6 = awake/active
- 5 = awake/quiet, calm
- 4 = crying/agitated
- 3 = asleep, easy to arouse
- 2 = asleep, slow to arouse
- 1 = asleep, difficult to arouse

**Oxygen Method Key:**

- Room air = RA
- Blow by = BB
- Face mask = FM
- Nasal Canula = NC

Comments:

**Initials**

Signature and Title

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Discontinuation of Monitoring:

Inpatient:
Time Returned to Inpatient Area ________________________________
Report given to
☐ Return to ICU monitoring
☐ Vital signs stable
☐ A sedation score [LOC] of 5 or greater
Comments: ________________________________
Transported to _______ with ☐ oxygen ☐ pulse oximeter ☐ ambu bag and mask

Signature of RN

Outpatient:
Time of Discharge: ________________________________
Discharge Criteria:
☐ Vital signs stable
☐ Taking oral fluids - nausea/vomiting minimal
☐ Post procedure care explained to accompanying adult
☐ A sedation score [LOC] of 5 or greater
☐ No evidence of post sedation complications
☐ Post procedure sedation instructions reviewed with parent/accompanying adult
☐ Interpreter used Name/Language
Comments: __________________________________________

Signature of Adult Receiving Discharge Instructions/Relationship ________________ Telephone Number ____________________________

Signature of Discharging RN or MD

Post Sedation Phone Call - Outpatient
Date/Time called: ________________________________
Spoke with: ________________________________
☐ No problems or concerns post sedation
☐ Problems or concerns post sedation (explain below)
Comments/concerns: __________________________________________

Signature of RN