MEMORIAL HOSPITAL

SEDATION RECORD MONITORING
CONTINUATION FORM

Date: __________ Page _______ Of ________

Type of Procedure __________ Procedure Start Time __________ Procedure End Time __________

<table>
<thead>
<tr>
<th>Sedation Medication</th>
<th>Dose</th>
<th>Time</th>
<th>Route</th>
<th>Initials</th>
<th>IV Fluids</th>
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</thead>
<tbody>
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<td>Yes No</td>
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Cath size __________ Site __________

IV Fluids __________ Heplock __________

Total fluids __________

Comments: ____________________________

Monitoring: During Procedure and Recovery Area

<table>
<thead>
<tr>
<th>Time</th>
<th>LOC</th>
<th>BP (mm/Hg)</th>
<th>Pulse (beats/min)</th>
<th>Resp. (breath/min)</th>
<th>O₂ Sat (%)</th>
<th>Oxygen method (L/min)</th>
<th>Initials</th>
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LOC (Level of consciousness) Sedation Score:

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

Oxygen Method Key:

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

Comments: ____________________________

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<thead>
<tr>
<th>Initials</th>
<th>Signature and Title</th>
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