

**SEDATION RECORD MONITORING
CONTINUATION FORM**

Date: _____ Page _____ Of _____

Type of Procedure _____ Procedure Start Time _____ Procedure End Time _____

Sedation Medication	Dose	Time	Route	Initials	IV Fluids
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					Cath size _____ Site _____
					IV Fluids _____ Heplock <input type="checkbox"/>
					Total fluids _____
					Comments: _____

Monitoring: During Procedure and Recovery Area

Time													
LOC													
BP (mm/Hg)													
Pulse (beats / min)													
Resp. (breath / min)													
O ₂ Sat (%)													
Oxygen method (L/min)													
Initials													

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
- Face mask = FM
- Blow by = BB
- Nasal Canula = N

Comments: _____

Initials _____ Signature and Title _____

Initials _____ Signature and Title _____

