COUINY HOSPITAL

CONCIOSCH
SDEATION
DOCUMENTATION

I. PRE-PROCEDURE ASSESSMENT

Diagnosis: ___________________________ Allergies: ___________________________

Last PO Intake Time: ____________________ Weight: ___________________________

Physician: ___________________________ Procedure: ___________________________

Informed consent obtained: □ Yes □ No

Equipment: □ Patent IV □ Oxygen □ Cardiac Monitor □ B/P Monitor □ Airway Adjuncts

□ Suction Apparatus □ Ambu Bag □ Emergency Drugs □ Defibrillator □ Pulse Ox

A. LOC: □ Awake and Oriented □ Confused □ Drowsy □ Lethargic

Time Out for Site / Procedure Verification □

B. Skin: □ Warm □ Cool □ Dry □ Moist □ Color: ___________________________

C. Resp Status: □ Breathing Unassisted □ Ventilated

Oxygen per Cannula ________ L/min. Mask ________ L/min.

D. Movement: □ Moving U/L Extrem. □ Not Moving. Location ________

E. IV Site: ___________________________ IV Solution: ___________________________

F. Emotional Status: □ Calm □ Apprehensive □ Restless □ Crying

Assessed by: ___________________________

G. Vital Signs: Temp ________ Pulse ________ Resp ________ B/P ________

Pulse Ox: ___________________________

H. Anticipated Plan for Post Procedural Care: □ Discharge □ Transfer □ SCA □ Med-Surg

II. INTRA-PROCEDURE ASSESSMENT

Sedation Start: __________ Procedure Start: __________

A. Positioning: □ Supine □ Prone □ Lateral □ Left □ Right

B. LOC: □ Awake and Oriented □ Confused □ Drowsy □ Lethargic □ Speech Clear □ Speech Slurred

C. Emotional Status: □ Calm □ Apprehensive □ Restless □ Crying

Assessed By: ___________________________

D. Resp Status: □ Breathing Unassisted □ Ventilated

Oxygen per Cannula ________ L/min. Mask ________ L/min.

III. POST-PROCEDURE ASSESSMENT / MONITORING

Supplemental Notes: □ Yes □ No

A. LOC: □ Awake and Oriented □ Confused □ Drowsy □ Lethargic □ Speech Clear □ Speech Slurred

B. Skin: □ Warm □ Cool □ Dry □ Moist □ Color: ___________________________

C. IV Intake: __________ Output: Urine ________ Emesis ________

D. Resp Status: □ Breathing Unassisted □ Ventilated

Oxygen per Cannula ________ L/min. Mask ________ L/min.

E. Movement: □ Moving U/L Extrem. □ Not Moving. Location ________

F. Emotional Status: □ Calm □ Apprehensive □ Restless □ Crying

Assessed By: ___________________________

TIME

Medication

B/P

Pulse

Resp

Pulse OX

O2 Delivery

Rhythm

M. Aldrete Score

Pain Level

Response to Med.

MODIFIED ALDRETE SCORING

ACTIVITY

Able to move 4 extremities ________ 2
Able to move 2 extremities ________ 1
Able to move 0 extremities ________ 0

COLOR

Pink ________ 2
Pale, dusky, blotchy ________ 1
Cyanotic ________ 0

CIRCULATION

B/P +/- 20% presedation level ________ 2
B/P +/- 20-40% presedation level ________ 1
B/P +/- 50% presedation level ________ 0

CONSCIOUSNESS

Fully awake ________ 2
Arousable on calling ________ 1
Not responding ________ 0

RESPIRATION

Able to breathe deeply & cough ________ 2
Shallow or limited breathing ________ 1
Apneic ________ 0

PAIN

Minimal ________ 2
Moderate ________ 1
Severe ________ 0

Modified Aldrete Score should be done pre-sedation, 30 minutes post procedure and prior to discharge.

A score of 10 or greater is required for patient to be recovered.
## NURSING CARE PLAN - CONSCIOUS SEDATION

<table>
<thead>
<tr>
<th>Initial If Activated</th>
<th>Nursing Diagnosis</th>
<th>Expected Outcome</th>
<th>Nursing Interventions</th>
<th>Expected Outcome Achieved</th>
</tr>
</thead>
</table>
| 1. Potential for impaired gas exchange related to anesthesia or airway obstruction. Signs & Symptoms:  
- difficulty breathing  
- cyanosis  
- decreased SaO2  
- restlessness  
- increased heart rate | 1. Stable respiratory status as evidenced by:  
   - Patient respiration are even and effortless  
   - Clear breath sounds  
   - SaO2 greater than _____ %  
   - Symmetrical chest expansions | 1. A. Assess continuously for signs of inadequate ventilation.  
   B. Record respiratory rate every 5 minutes for first 30 minutes and PRN.  
   C. Stimulate pt. by touch or verbal stimuli.  
   D. Administer and document O2 as ordered.  
   E. Administer and document stimulant agents as ordered by MD or CRNA.  
   F. Suction pt. as indicated.  
   G. Assess airway.  
   H. Monitor SaO2.  
   J. Notify MD of respiratory problems. | □ Yes □ No |
| 2. Potential injury related to emergence delirium.  
2. Sustains no injury. | 2. A. Keep side rails up at all times  
   B. Restrain pt. as necessary.  
   C. Administer sedative medications as ordered.  
   D. Evaluate pt.'s response to treatment. | □ Yes □ No |
| 3. Knowledge deficit related to:  
   - medications  
   - surgery / procedure  
   - pain management  
   - post-op care | 3. Patient demonstrates / restates instruction given. | 3. A. Assess orientation and orient PRN.  
   B. Encourage patient to ask questions.  
   C. Assess ability of patient to understand instructions and cooperate.  
   D. Instruct on equipment, procedures, purpose. | □ Yes □ No |

### IV. DISCHARGE

<table>
<thead>
<tr>
<th>Alert / Reactive</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>M. Aldrete Score</td>
<td></td>
<td></td>
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</tbody>
</table>

Discharge to care of: __________________________

☐ Admit to Hospital ☐ Transfer __________________________

Post Procedure Instructions to:  __________ Patient  __________ Escort

Follow-up Appt. / Date / Time: __________________________

Time Released: __________________________

NURSE SIGNATURE: __________________________ DATE: __________________________