MODERATE SEDATION / ANALGESIA FOR DIAGNOSTIC AND THERAPEUTIC PROCEDURE:
PREASSESSMENT NOTE

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**History of Present Illness:**

**Medical History:**
- ETOH / Tobacco / Substance use?  □ Yes  □ No  Comments:
- Pregnant?  □ Yes  □ No  □ N/A  LMP:
- Previous Problems with anesthesia / sedation?  □ Yes  □ No  Comments:
- Any history of sleep apnea or snoring?  □ Yes  □ No  Comments:
- Major organ systems problems? (chronic pulmonary, cardiac, hepatic or renal disease)  □ Yes  □ No  Comments:

**ASA Physical Status Classification (choose one):**
- □ I. Healthy patient
- □ II. Mild systemic disease: no functional limitation
- □ III. Severe systemic disease: definite functional limitation
- □ IV. Severe systemic disease that is a constant threat of life
- □ V. Moribund patient not expected to live with the operation

**Physical Exam:**
- Review of systems (Cardiac / Respiratory, etc) WNL?  □ Yes  □ No  Comments:

**Airway Assessment:**
- Neck:  □ Normal  □ Restricted Neck motion  □ Short neck  □ Obese head/neck area
- Mouth:  □ Normal  □ Loose Teeth  □ Large tongue  □ Other / comments:
- Mental Status / LOC  □ Not responding  □ Arouses to verbal stimuli  □ Fully Awake
- Vital Signs Reviewed (recorded on monitoring flowsheet)  □ Yes  □ No

**Current medications:**

**ALLERGIES:**  □ NKDA  List:

**Pertinent Lab Abnormalities:**  □ None  □ List

**Last oral Intake [NPO since _______ (time)]**
- □ No solids or milk products in 6 hours  □ No clear liquids in 2 hours

**Sedation / Analgesia plan:**
- □ Versed  □ Demerol  □ Fentanyl  □ Other: list
- Site Marked:  ______ (location)  □ N/A

In light of the above evaluation, I believe this patient is an acceptable candidate for sedation / analgesia and have discussed the indications for and risks of sedation with the patient / parent / guardian, who understands and consents.  □ Yes  □ No

**Signature of MD:** ___________________  Date: ___________________

**Supervising Physician:** ___________________