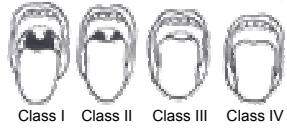


MODERATE SEDATION Flow Sheet



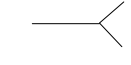




- S I T E**
- Bronchoscopy
 - Cardiac Cath Lab
 - Cardiology Special Procedure Room
 - Emergency Dept
 - Endoscopy
 - Radiology
 - MICU / SICU
 - Dental

DATE:	TIME:	CHIEF COMPLAINT:	PROCEDURE:
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"IMMEDIATE" PRE-SEDATION ASSESSMENT

NPO SINCE:	ID BAND CHECKED: <input type="checkbox"/> Yes <input type="checkbox"/> No	AGE:	HEIGHT:	WEIGHT:	BP: /	P:	R:	T:	SpO2:	PAIN Score: _____ / 10	
H & P: <input type="checkbox"/> Done <input type="checkbox"/> Done within 30 days; updated within 24 hrs		AIRWAY EVALUATION: MALLAMPATI Score (circle one)				NECK: <input type="checkbox"/> Normal		(LOC) LEVEL OF CONSCIOUSNESS:			
CONSENTS & ADVANCED DIRECTIVES: <input type="checkbox"/> Risks, benefits & alternatives discussed; patient understands & elects to proceed <input type="checkbox"/> Consents for procedure and sedation signed and dated <input type="checkbox"/> Patient has Advanced Directives		MOUTH: <input type="checkbox"/> Normal				<input type="checkbox"/> Decreased ROM <input type="checkbox"/> Thyromental distance less than 3 FB <input type="checkbox"/> Short Neck		<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 BASELINE PAR Score:			
		<input type="checkbox"/> Small Mouth <input type="checkbox"/> Protruding Incisors <input type="checkbox"/> Receding Lower Jaw				ASA PHYSICAL STATUS: <input type="checkbox"/> ASA PS 1: Healthy Patient <input type="checkbox"/> ASA PS 2: Mild systemic disease, no functional limitations <input type="checkbox"/> ASA PS 3: Severe systemic disease, functional limitations <input type="checkbox"/> ASA PS 4: Severe systemic disease, constant threat to life <input type="checkbox"/> ASA PS 5: Moribund patient unlikely to survive 24 hours <input type="checkbox"/> E: Emergency procedure			IV: Site: _____ Gage: _____ Fluid: _____ Rate: _____		ALLERGIES: <input type="checkbox"/> No known drug allergies
PRE-PROCEDURE TEACHING: <input type="checkbox"/> Procedure <input type="checkbox"/> Patient's participation during procedure <input type="checkbox"/> Dentures <input type="checkbox"/> Eye Glasses		USUAL MOBILITY METHOD: <input type="checkbox"/> Walker / Cane <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedridden		EQUIPMENT: <input type="checkbox"/> Airway <input type="checkbox"/> Suction <input type="checkbox"/> Crash Cart <input type="checkbox"/> Ambu Bag <input type="checkbox"/> Rescue Drugs							
Sedation Plan? <input type="checkbox"/> IV <input type="checkbox"/> PO		MEDICATION RECONCILIATION: <input type="checkbox"/> On the day of procedure, medications taken by the patient were reviewed with the patient. These medications were considered prior to administration of moderate sedation drugs.									
PROCEDURE: Start: _____ Stop: _____		UNIVERSAL PROTOCOL: Time: _____		ACCOMPANYING ADULT: Name _____ Phone # _____ Location Now? _____							

MONITORING of PATIENT INTRA-PROCEDURE

TIME:											LABS
Midazolam mg IV											CBC 
Fentanyl mcg IV											Lytes 
Demerol mg IV											Coags 
IV Fluids											Preg. Test <input type="checkbox"/> Pos <input type="checkbox"/> Neg
Heart Rythm											EKG
Respiratory Rate											CXR
O2 Saturation											COMMENTS
O2 L/m											
LOC											
Pain Score (0-10)											
BP  220											PAR Score PRIOR TO TRANSFER: _____
Arterial  200											
Mean  180											
Heart Rate  160											
150											
140											
<input type="checkbox"/> Alarm Limits Set & On											
130											
120											
110											
O2 Therapy Mode											
RA = Room Air 80											
NC = Nasal Cannula 70											
FM = Face Mask 60											
ET = Endotrach Tube 50											
40											

POST ANESTHESIA RECOVERY SCORE (PAR SCORE)

ACTIVITY	CONSCIOUSNESS	RESPIRATIONS	COLOR	CIRCULATION
2 = Moves four (4) extremities	2 = Fully awake	2 = Breathe deep + cough	2 = Pink	2 = BP +/- 20% of Pre-Op
1 = Moves two (2) extremities	1 = Arousable on calling	1 = Dyspnea, limited breathing	1 = Pale, dusky, blotchy, other	1 = Pale, dusky, blotchy, other
0 = Moves zero (0) extremities	0 = Non responsive	0 = Apnea	0 = Cyanotic	0 = Cyanotic

PATIENT NAME:	MD SIGNATURE:	FELLOW SIGNATURE:	RN SIGNATURE:
PATIENT SSN:	Print Name _____ Date _____	Print Name _____ Date _____	Print Name _____ Date _____