

**SYDNEY SOUTH WEST
AREA HEALTH SERVICE
NSW HEALTH
EMERGENCY DEPARTMENT
SEDATION CHART**

Affix ID Label Here		MRN				
Surname		Given Names				
Address - Street		Suburb		Postcode		
Date of Birth	Sex	AMO				
Hospital Name					Ward	

PROPOSED PROCEDURE: _____

Supervising Medical Officer (Must be Emergency, ICU or Anaesthetic Registrar or Consultant)

Name: _____

Designation: _____

Signature: _____

Current Health

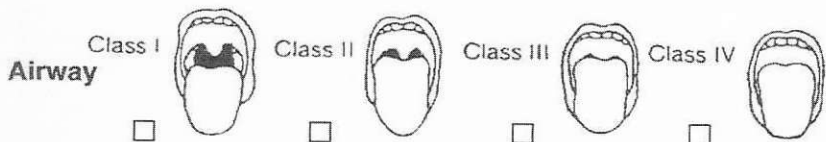
Co morbidities (tick if present): Diabetes COPD
 Asthma IHD

Other significant history: _____

Anaesthetic history: _____

**MEDICATIONS ADMINISTERED WITHIN ONE HOUR
PRIOR TO PROCEDURE:**

Time	Drug	Dose



Teeth: _____

Neck Mobility: _____

CURRENT MEDICATIONS:

DRUG ALLERGIES:

EXAMINATION: Weight: _____ Pulse: _____ BP: _____

Time of last food: _____ Time of last fluid: _____

Other relevant findings: _____

Medication Preparation Order - DO NOT ADMINISTER
(Ensure supervising medical officer details completed prior to drug preparation)

Medication	Dose / Dilution	Doctor's Signature Print Name & Date	Date
PREPARATION ORDER ONLY			
DO NOT ADMINISTER			

LIVERPOOL HOSPITAL

Affix ID Label Here

MRN

EMERGENCY DEPARTMENT

Surname

Given Names

SEDATION RECORD AND POST PROCEDURE ASSESSMENT

Address - Street

Suburb

Postcode

Date of Birth

Sex

AMO

Hospital Name

Ward

Date: _____

OBSERVATIONS:

240																						
220																						
200																						
180																						
160																						
140																						
120																						
100																						
80																						
60																						
40																						
20																						

Did any of these events occur during or after sedation?

	No	Yes, but no treatment	Yes, tick treatment required below
Hypoventilation (<10 breaths/min)			
O₂ desaturation (<90% mmHg)			
Obstructed airway (complete / partial)			
*Treatment required for respiratory problems (tick one or more)			
		<input type="checkbox"/> painful stimuli	<input type="checkbox"/> endotracheal intubation
		<input type="checkbox"/> chin lift or jaw thrust	<input type="checkbox"/> flumazenil
		<input type="checkbox"/> oro or nasopharyngeal	<input type="checkbox"/> naloxone
		<input type="checkbox"/> bag and mask ventilation	
	No	Yes, but no treatment	Yes, treated with
Hypotension (syst <80 mmHg)			
Hypertension (syst >180 mmHg)			
Bradycardia (rate <60/min)			
Tachycardia (rate >120/min)			
Vomiting			
Aspiration of stomach contents (Respiratory difficulty following regurgitation or vomit)			
Other adverse event (If yes, please describe)			

O ₂ Therapy				
SpO ₂				
Consciousness Score (1-6)				

DRUGS / FLUIDS				
TIME				

CONSCIOUSNESS SCORE

1. responded readily to name spoken in normal tone.
2. lethargic response to name spoken in normal tone.
3. responded only after name was called loudly and repeatedly.
4. responded only after mild prodding or shaking.
5. did not respond to mild prodding or shaking.
6. did not respond to noxious (painful) stimulus.

Post Procedure Instructions: _____

 Procedural MO (name): _____
 Monitoring MO / RN (name): _____
 Supervising MO (sign & print name): _____