

Binding Margin – DO NOT WRITE ON

NORTHERN SYDNEY CENTRAL COAST NSW HEALTH	Affix patient sticker here
PROCEDURAL SEDATION RECORD CCH Emergency Departments	
Procedural Medical Officer:	Sedation Clinician:
Airway Clinician:	Monitoring Clinician:
Procedure Type:	
Consent Signed: YES / NO	Correct Site identified: YES / NO
Fasting Solids: hrs	Fasting Liquids: hrs
Procedure Start Time:	Procedure End Time:
Patient Classification (tick applicable box) (to be completed by most senior medical officer involved in procedure)	
<input type="checkbox"/> P1 - Normal Healthy patient <input type="checkbox"/> P2 - Patient with mild systemic disease <input type="checkbox"/> P3 – Patient with severe systemic disease	<input type="checkbox"/> P4 Patient with severe systemic disease that is a constant threat to life <input type="checkbox"/> E – Patient requires emergency procedure
Preparation Checklist (tick applicable box)	
<input type="checkbox"/> Adequate staffing available with assigned roles <input type="checkbox"/> General physical assessment acceptable <input type="checkbox"/> Ventilatory/airway risks assessed <input type="checkbox"/> Oxygen & suction available and working <input type="checkbox"/> Ambu-bag and mask available <input type="checkbox"/> Oral airway available <input type="checkbox"/> Rescue airway plan in place and team aware	<input type="checkbox"/> Resuscitation trolley available <input type="checkbox"/> Defibrillator available <input type="checkbox"/> Patient connected to continuous cardiac monitoring and pulse oximetry <input type="checkbox"/> IV access and IV started (when required) <input type="checkbox"/> Procedural drugs drawn up, labelled & checked <input type="checkbox"/> Reversal drugs available
Pharmacological/Gaseous Agents used during procedure (chart medications on NIMC)	
<input type="checkbox"/> Ketamine <input type="checkbox"/> Midazolam <input type="checkbox"/> Fentanyl <input type="checkbox"/> Other _____	<input type="checkbox"/> Propofol <input type="checkbox"/> Thiopentone <input type="checkbox"/> Morphine <input type="checkbox"/> Nitrous Oxide
Comments:	
Procedural Comments /Complications (observations and sedation score recorded over page)	
Procedure completed and considered successful?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Lowest Oxygen saturation recorded during procedure	%
Lowest Blood Pressure recorded during procedure	/ mmHg
Did the patient require chin lift/jaw thrust during procedure?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did the patient require bag mask ventilation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did the patient vomit or aspirate during procedure?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Any additional Comments:	
Doctor (print name)	Signature
Date/Time	

Monitoring and Observations during procedural sedation
(record 5 minutely during procedure)

Time															
V = BP ^ • = HR O = RR spont ∅ = RR Assist	200														
	150														
	100														
	50														
	40														
	30														
	20														
	10														
	SpO2														
	EtCo2														
Rhythm															
AVPU															
Sedation Score															

Sedation Score Scale

- | | | | | |
|---------|---|---|--|-----------------|
| 0= None | 1= Mild, occasionally drowsy, easy to rouse | 2= Moderate, constantly or frequently drowsy, easy to rouse | 3= Severe, somnolent, difficult to rouse | 4= Normal sleep |
|---------|---|---|--|-----------------|

Post procedure assessment

- | | |
|--|---|
| <input type="checkbox"/> Airway Patent and stable
<input type="checkbox"/> Cardiovascular function stable | <input type="checkbox"/> Return to baseline consciousness
<input type="checkbox"/> Able to sit and talk
<input type="checkbox"/> Adequately analgesed |
|--|---|

Discharge Criteria/Assessment

- | |
|--|
| <input type="checkbox"/> Patient tolerating oral fluids and not vomiting
<input type="checkbox"/> Accompanied by responsible person
<input type="checkbox"/> Advised regarding driving restrictions
<input type="checkbox"/> Given appropriate discharge advice sheet |
|--|

May be discharged at:	hrs
Actual discharge time:	hrs

Doctor (print name)..... Signature.....Date/Time.....