ROYAL PRINCE ALFRED HOSPITAL

BINDING MARGIN – NO WRITING

FILE IN THE CLINICAL RECORD

ID 631027

SYDNEY SOUTH WEST
AREA HEALTH SERVICE
NSW HEALTH

EMERGENCY DEPARTMENT SEDATION RECORD

Affix ID Label Here	MRN									
Surname	Given Names									
Address - Street	Suburb	Postcode								
Date of Birth	Sex	AMO/Case Manager								
Hospital/Centre	Case No.	Ward/Code								

(This form must be completed for all patients undergoing sedation)

Indication

Procedure: _____

Date/Time: _____

Procedure Doctor:

_____
print name

Sedation Doctor:

_____
print name

Nurse:

_____
print name

Examination:

Last ate/drank _____

Mallampati _____

ASA Status _____

History:

_____

_____

_____

_____

Allergy: _____

General Anaesthesia Complication: _____

Medications: _____

_____

_____

_____

Consent ☐ Airway Tray checked ☐

Crash Cart available ☐ Suction ☐

BVM available ☐

Drugs labelled ☐

O2 _____ **l/min** | **IV site/type**

Monitoring **BP** ☐ **Oxygen sat** ☐ **Capnography** ☐ **Cardiac** ☐

Medication	Dose / Time	Dose / Time	Dose / Time

Time	Baseline				Discharge
O2 sat					
ET CO2					
RR					
PR					
BP					
SED Score					

Medical Officer: _____ Signature: _____
print name

Designation: _____ Date: ____/____/____

EMERGENCY DEPARTMENT SEDATION RECORD

MRO330

June 07/Rev 2