

<p>SIR CHARLES GAIRDNER HOSPITAL</p> <h2 style="margin: 0;">ED PROCEDURAL SEDATION RECORD</h2>	URN: <input style="width: 150px;" type="text"/>
	Surname: <input style="width: 150px;" type="text"/>
	Forename: <input style="width: 150px;" type="text"/>
	Gender: <input style="width: 50px;" type="text"/> DOB: <input style="width: 100px;" type="text"/>

**Note: Information related to items annotated<sup>1</sup> below appears on reverse side of this form**

Sedation Dr	Procedure Dr	Date
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### Pre Procedure Risk Assessment

<p>Procedure</p> <hr/> <p>Last ate (when &amp; what)</p> <hr/> <p>Last drank (when &amp; what)</p> <hr/> <table style="width: 100%;"> <tr> <td style="width: 70%;">Allergies</td> <td style="width: 30%;">Weight (kg)</td> </tr> <tr> <td> <input type="checkbox"/> Egg  <input type="checkbox"/> Soy  <input type="checkbox"/> Nil                 </td> <td>_____</td> </tr> </table>	Allergies	Weight (kg)	<input type="checkbox"/> Egg <input type="checkbox"/> Soy <input type="checkbox"/> Nil	_____	<input type="checkbox"/> Review of past history, medications, prior anaesthesia, current clinical status and investigation results. Document in ED medical notes, and if factors indicating potential for increased risk present, <b>discuss with ED Consultant pre-procedure.</b>  ASA class <sup>1</sup> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> E  <input type="checkbox"/> Airway assessed for potential difficult intubation <sup>1</sup> . <input type="checkbox"/> Equipment – airway (including difficult airway), suction, monitoring and resuscitation checked. <input type="checkbox"/> Appropriate staff present with pre-designated roles. <input type="checkbox"/> Risks & benefits explained to patient; consent obtained. <input type="checkbox"/> Intravenous access secured / checked.
Allergies	Weight (kg)				
<input type="checkbox"/> Egg <input type="checkbox"/> Soy <input type="checkbox"/> Nil	_____				

### Procedure

Sedation Doctor:    Consultant    Registrar    RMO   (*Consultant or Registrar must be present*)

Baseline and serial observations recorded in ED nursing assessment record.

Monitoring used:    BP    ECG    Oximetry    ETCO<sub>2</sub>    Other

Maximum depth of sedation (Sedation Score <sup>1</sup>): \_\_\_\_\_

Procedure documented in ED medical notes

All drugs / fluids / O<sub>2</sub> administered documented in ED Nursing Assessment Record.

### Events

CVS	Respiratory	GIT	<input type="checkbox"/> Nil adverse event
<input type="checkbox"/> HR < 60	<input type="checkbox"/> RR < 10/min	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Other (describe)
<input type="checkbox"/> HR > 120	<input type="checkbox"/> SaO <sub>2</sub> < 90%	<input type="checkbox"/> Aspiration	_____
<input type="checkbox"/> SBP < 80	<input type="checkbox"/> Loss ETCO <sub>2</sub> trace	<input type="checkbox"/> stomach contents	_____
<input type="checkbox"/> SBP > 180	<input type="checkbox"/> > 10 mmHg rise ETCO <sub>2</sub>		_____
	<input type="checkbox"/> Obstructed airway (partial or complete)		_____

### Treatment of Events

<input type="checkbox"/> Not required	<input type="checkbox"/> Painful stimuli to simulate breathing	<input type="checkbox"/> Suction	<input type="checkbox"/> Other (describe)
<input type="checkbox"/> Naloxone	<input type="checkbox"/> Chin lift or jaw thrust		_____
<input type="checkbox"/> Flumazenil	<input type="checkbox"/> Oro / naso pharyngeal airway		_____
<input type="checkbox"/> IV fluid bolus	<input type="checkbox"/> Bag & mask ventilation		_____
	<input type="checkbox"/> LMA or ETT		_____

### Post Procedure

Patient recollect procedure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Discharge Criteria <sup>1</sup>	Disposition	Reason for delay
Was it painful?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Time ready?	<input type="checkbox"/> Home	<input type="checkbox"/> Event as above
Was sedation adequate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Obs ward	<input type="checkbox"/> Investigations
Was procedure successful?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Actual departure time?	<input type="checkbox"/> Other ward	pending
Discharge information given? (ED Advice sheet <b>and</b> LMO letter or fax)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Other	<input type="checkbox"/> Other (specify)
					_____

Sedation Dr signature \_\_\_\_\_

## American Society of Anaesthesiologists (ASA) classification

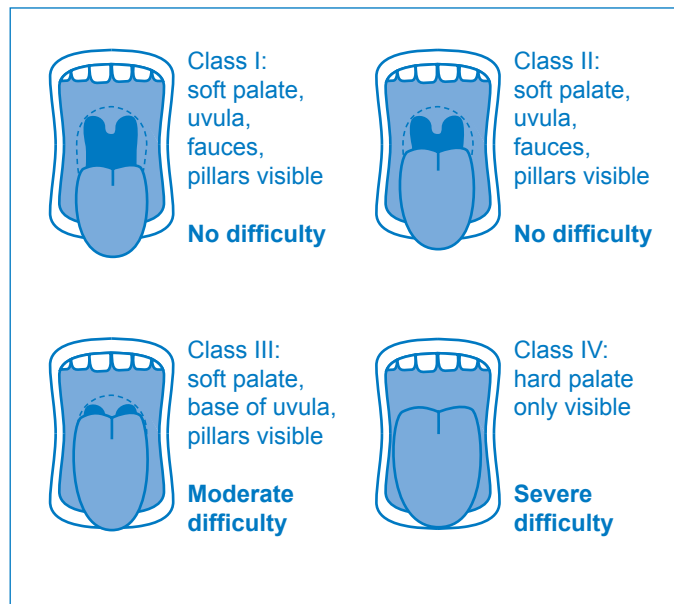
### Class

- 1 Healthy patient, no medical problems
- 2 Mild systemic disease e.g. hypertension
- 3 Severe systemic disease, but is not incapacitating
- 4 Severe systemic disease that is a constant threat of life
- 5 Moribund expected to live < 24 hours irrespective of operation
- E Operation is an emergency

## Predictors of difficult intubation

Mallampati Score III & IV  
 Inability to open mouth > 4cm  
 Thyro-mental distances < 6cm  
 Limitation of neck movement  
 Difficulty of protruding lower jaw  
 History of difficult intubation

## Mallampati Score



## Sedation Score

6	Inadequate	Anxious, agitated, or in pain
5	Minimal	Spontaneously awake without stimulus
4	Moderate	Drowsy, eyes open or closed, easily roused by verbal stimulus
3	Moderate / Deep	Rouses with moderate tactile, loud verbal stimulus
2	Deep	Rouses slowly to consciousness with painful stimulus
1	Deep	Rouses, but not to consciousness, with painful stimulus
0	Anaesthesia	Unresponsive to painful stimulus

## Minimum home discharge criteria guidelines

Medical observations satisfactory  
 Resumption of pre-sedation level of function  
 Ability to walk at pre-sedation level safely  
 Able to tolerate oral intake  
 Discharge information given