



Sir Charles Gairdner Hospital

ED Procedural Sedation Record

Surname:

URN:

Forename:

Sex:

DOB:

Note: Information related to items annotated below appears on reverse side of this record.

Sedation Dr

Procedure Dr

Date

Pre Procedure Risk Assessment

Procedure

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, **discuss with ED Consultant pre-procedure.**

Last ate (what & when)

ASA class ¹ 1 2 3 4 5 E

Last drank (what & when)

- Airway assessed for potential difficult intubation¹
- Equipment – airway (including difficult airway), suction, monitoring and resuscitation checked.
- Appropriate staff present with pre-designated roles.
- Risks & benefits explained to patient; consent obtained.
- Intravenous access secured / checked.

Allergies

- Egg
- Soy
- Nil

Weight (kg)

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 ETCO₂ Other

Maximum depth of sedation (Sedation Score¹): _____

Procedure documented in ED medical notes

All drugs / fluids / O₂ 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 ₂ < 90%	<input type="checkbox"/> Aspiration	
<input type="checkbox"/> SBP < 80	<input type="checkbox"/> Loss ETCO ₂ trace	<input type="checkbox"/> stomach contents	
<input type="checkbox"/> SBP > 180	<input type="checkbox"/> > 10 mmHg rise ETCO ₂		
	<input type="checkbox"/> Obstructed airway (partial or complete).		

Treatment of Events

- Not required
- Painful stimuli to stimulate breathing
- Suction
- Other (describe)
- Naloxone
- Chin lift or jaw thrust
- Oro / naso pharyngeal airway
- IV fluid bolus
- Bag & mask ventilation
- LMA or ETT

Post Procedure

- Patient recollect procedure? Y N
 - Was it painful? Y N
 - Was sedation adequate? Y N
 - Was procedure successful? Y N
 - Discharge information given? Y N
- (ED Advice sheet **and** LMO letter or fax)

- Discharge Criteria¹ Disposition Reason for delay
- Time ready? Home Event as above
- Obs ward Investigations
- Actual departure time? Other ward pending
- Other Other (specify)

Sedation Dr signature _____

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SC91545B
JUNE 06

ED PROCEDURAL SEDATION RECORD

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