



### SEDATION / ANALGESIA RECORD

Date: \_\_\_\_\_

Procedure: \_\_\_\_\_ Unit/Room: \_\_\_\_\_

MD: \_\_\_\_\_

RN: \_\_\_\_\_

Allergies: \_\_\_\_\_

Weight: \_\_\_\_\_ kg Height: \_\_\_\_\_ cm

Time of last Solids \_\_\_\_\_  
Clears \_\_\_\_\_

Family/Patient Education Done Yes  No   
Equipment Checked (see reverse) Yes  No

M.D. to complete this section

Reviewed Yes  No   
Fasting Guidelines Met Yes  No   
Exclusion Guidelines Met Yes  No   
Emergency Care Yes  No   
Depth of Sedation Min  Mod  Deep   
History/P.E. \_\_\_\_\_  
Airway: Normal  Other   
CVS/Resp: \_\_\_\_\_  
Inpatient / Clinic: See chart

Family Member Present: Yes  No

Non-pharmacological interventions used:  
\_\_\_\_\_

Adverse Effects	Yes	No
1. Unsuccessful sedation, psychological trauma	<input type="checkbox"/>	<input type="checkbox"/>
2. Sedation induced hypoxemia (SpO <sub>2</sub> <90% despite O <sub>2</sub> )	<input type="checkbox"/>	<input type="checkbox"/>
3. Apnea requiring bag-mask ventilation	<input type="checkbox"/>	<input type="checkbox"/>
4. Suspected tracheo-pulmonary aspiration	<input type="checkbox"/>	<input type="checkbox"/>
5. Delayed discharge (>2 hrs) due to residual sedation	<input type="checkbox"/>	<input type="checkbox"/>
6. Hypotension	<input type="checkbox"/>	<input type="checkbox"/>
7. Cardiorespiratory arrest / antagonist administration	<input type="checkbox"/>	<input type="checkbox"/>
8. Other: (including after discharge)	<input type="checkbox"/>	<input type="checkbox"/>

Start Sedation Time	_____
Start Procedure Time	_____
End Procedure Time	_____
Leave Procedure Room	_____
Leave Recovery Area	_____

Discharged To: \_\_\_\_\_ Home

Discharge instructions given:

Home Telephone: \_\_\_\_\_

Time	Pre-procedure														Discharge			
		1	2	3	4	5	6	7	8	9	10	11	12					
190																		
180																		
170																		
160																		
150																		
140																		
130																		
120																		
110																		
100																		
90																		
80																		
70																		
60																		
50																		
40																		
RR																		
SpO <sub>2</sub>																		
O <sub>2</sub> Rate																		
Pain Score																		
Arousal Score																		

Pain Scale: FLACC (see reverse)

Arousal Scale - (Must be 1 or 2 prior to discharge)

1. Awake and alert, obeys commands easily	3. Arousal to repeated voice commands or tactile stimuli
2. Sleeping, easy arousal to voice, light touch and then can obey commands	4. Responds only with repeated painful tactile stimuli
	5. Does not respond

Medication / Route	Time / Dose				

Signature M.D. \_\_\_\_\_

Signature RN \_\_\_\_\_

Exclusion Criteria Guidelines
Previously Failed Sedation / Extreme Anxiety
Difficult Airway Syndromes / Abnormal Face, Mouth, Dentition or Neck, e.g. Micrognathia, Aperts, Goldenhars
Sleep Apnea, Stridor, Airway Obstruction, Severe Asthma
Tracheal Abnormalities or Compression, e.g. Mediastinal Mass
Severe Cardiorespiratory Disease
Gastroesophageal Reflux / Delayed Gastric Emptying
Severe Obesity
Raised Intracranial Pressure
Infants Under 6 Months
Severe Neurological Impairment, Severe Bulbar Dysfunction
Malignant Hyperthermia

Equipment Checklist
✓ Stethoscope
✓ Yankauer suction, long tubing, adequate suction
✓ Oxygen with face mask (at least 15 L/min flow capability)
✓ Self-inflating bag-mask attached to oxygen
✓ Continuous pulse oximeter
✓ BP-measuring apparatus
✓ ECG (physician discretion)
✓ IV access (optional for oral sedation)
✓ ABC box (extra airways and masks)
✓ Crash Cart available in area of sedation (Laryngeal mask airways, Intubation equipment/ Resuscitation Drugs and Antagonists)
✓ Ability to summon help and call code

PLANNED DEPTH OF SEDATION	
<input type="checkbox"/> Minimal	Normal response to verbal stimulation
<input type="checkbox"/> Moderate	Purposeful response to verbal or tactile stimulation
<input type="checkbox"/> Deep	Purposeful response after repeated or painful stimulation

FLACC: NON-VERBAL PAIN SCALE	
<b>Face</b>	
No particular expression or smile	0
Occasional grimace or frown, withdrawn, disinterested	1
Frequent to constant quivering chin, clenched jaw	2
<b>Legs</b>	
Normal position or relaxed	0
Uneasy, restless, tense	1
Kicking, or legs drawn up	2
<b>Activity</b>	
Lying quietly, normal position, moves easily	0
Squirming, shifting back and forth, tense	1
Arched, rigid or jerking	2
<b>Cry</b>	
No cry (awake or asleep)	0
Moans or whimpers, occasional complaint	1
Crying steadily, screams or sobs, frequent complaints	2
<b>Consolability</b>	
Content, relaxed	0
Reassured by occasional touching, hugging or being talked to, distractible	1
Difficult to console or comfort	2

Normal <u>Minimum</u> Respiratory Rates	
Age	R.R. / Min.
< 6 months	20
6 mos – 2 yrs	16
2 yrs – 10 yrs	14
>10 yrs	12