

EXAMPLE – PROCEDURAL SEDATION – INTRA PROCEDURE

Insert logo and LHD/hospital name here

Insert name of tool

| | | |
|----------------|--|---|
| Surname: | | MRN: |
| Given Name(s): | | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| D.O.B.: | | M.O.: |
| Address: | | |
| Location/ward: | | |

Affix label here

| | |
|--------------------------|--|
| Procedure: | |
| Time of arrival in room | |
| Time out completed | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Time procedure completed | |

| Attending Staff | |
|--------------------------|--|
| Proceduralist | |
| Sedationist | |
| Clinician Airway Monitor | |
| Procedure Nurse | |
| Other staff: | |
| | |
| | |

| | | |
|------------------|---|---------------------------------------|
| Monitoring | Pulse Oximetry <input type="checkbox"/> | Automated BP <input type="checkbox"/> |
| | Capnography <input type="checkbox"/> | ECG <input type="checkbox"/> |
| Oxygen ___ L/Min | | |

< Use National Inpatient Medication Chart or other appropriate chart for Medications >

<Use a NSW Health Standard Observation Chart for Observations>

| | | | | | |
|---|--|--|--|--|--|
| Sed. Score | | | | | |
| Time | | | | | |
| Sedation Score: 1 = Alert 2 = Responds to Verbal 3 = Responds to Pain 4 = Unresponsive | | | | | |

EXAMPLE – PROCEDURAL SEDATION – POST PROCEDURE

| | | | |
|--------------------------|--|----------------|--|
| Procedure: | | Oxygen Therapy | |
| Time of arrival in room: | | Pulse Oximetry | |
| Received by: | | IV therapy | |

<Use a NSW Health Standard Observation Chart for Observations>

| | | | | | |
|---|--|--|--|--|--|
| Sed. Score | | | | | |
| Time | | | | | |
| Sedation Score: 1 = Alert 2 = Responds to Verbal 3 = Responds to Pain 4 = Unresponsive | | | | | |

| Discharge / Transfer of Care | | |
|-------------------------------------|-----------|-------|
| Item | Yes/No/NA | Notes |
| IV Cannula removed | | |
| Tolerating fluid? | | |
| Seen by proceduralist / sedationist | | |
| Medical Certificate | | |
| Personal items returned | | |
| Post procedure information given | | |
| Follow up arranged | | |
| Escort Home/back to ward | | |

| Vital Signs | |
|----------------------|---|
| Vital signs reviewed | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Time Discharged: | |
| | |
| Discharged by: | |
| | |