

EXAMPLE – PROCEDURAL SEDATION – PRE PROCEDURE

Insert logo and LHD/hospital name here		Surname:		MRN:	
		Given Name(s):		Male <input type="checkbox"/> Female <input type="checkbox"/>	
		D.O.B:		M.O:	
		Address:			
		Location/ward:			
		Affix label here			
Preferred Language		Interpreter Booked			
		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>			
Procedure:					
Date / Location					
Indication for procedure					
Consent completed		YES <input type="checkbox"/> NO <input type="checkbox"/>		Fasting Status	
				Date	
				Time	
		Weight		Solids:	
		Height		Fluids:	
		BMI			
Flags for Increased Sedation Risk		Yes/No		Allergies / Adverse Events / Medications	
PRESENCE of any of these flags may indicate need for referral to anaesthetic department. Local policies should be developed for detailed agreed definitions.				Allergies:	
Previous anaesthesia/sedation complication including family history					
Previous failed sedation					
Sleep apnoea/severe snoring				Adverse drug reactions / Drug sensitivities	
Unstable heart disease					
Alcohol >50 g/day					
Morbid obesity BMI>35				Medications:	
Limited functional reserve (see below)				Last taken	
Increased Oxygen requirement at rest					
Frail elderly					
Poorly controlled oesophageal reflux					
Other flags as agreed locally (e.g. IV drug use)					
Comments:					
Patient's ASA Score		Physical Examination-flags for increased risk of adverse events as agreed locally			
ASA Score – Physical Status					
ASA 1 – A normal healthy patient		Airway flags (e.g. obese, bearded, reduced mouth opening, neck mobility)			
ASA 2 – A patient with mild systemic disease		YES <input type="checkbox"/> NO <input type="checkbox"/>			
ASA 3 – A patient with severe systemic disease		Cardiovascular flags			
ASA 4 – A patient with severe systemic disease that is a constant threat to life		YES <input type="checkbox"/> NO <input type="checkbox"/>			
ASA 5 – A patient who is not expected to survive		Intended sedation			
		- Conscious Sedation			
		YES <input type="checkbox"/> NO <input type="checkbox"/>			
		- Discussed with patient			
		YES <input type="checkbox"/> NO <input type="checkbox"/>			
		Does this patient meet <b>locally agreed</b> criteria for referral to the Anaesthetic Department – if yes, DO NOT PROCEED.			
		YES <input type="checkbox"/> NO <input type="checkbox"/>			
Functional Reserve		Do they have someone to escort them home?			
Can the patient walk up a set of stairs without becoming short of breath?		YES <input type="checkbox"/> NO <input type="checkbox"/>			
YES <input type="checkbox"/> NO <input type="checkbox"/>					
Form completed by (name and position):		Signature:			