



Health
 South Western Sydney
 Local Health District

SURNAME		MRN
OTHER NAMES		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____ / ____ / ____	M.O.	
ADDRESS		
LOCATION		

**EMERGENCY DEPARTMENT
 SEDATION CHART**

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

**SOUTH WESTERN SYDNEY
 LOCAL HEALTH DISTRICT
 EMERGENCY DEPARTMENT
 SEDATION CHART**

EMERGENCY DEPARTMENT SEDATION CHART

AMR 047.001

BINDING MARGIN - NO WRITING
 FILE IN CLINICAL RECORD



EMERGENCY DEPARTMENT SEDATION CHART

SURNAME		MRN
OTHER NAMES		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. _____	M.O. _____	
ADDRESS		
LOCATION		

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

PROPOSED PROCEDURE: _____

Supervising Medical Officer (Must be an Accredited Emergency, ICU or Anaesthetic CMO, Registrar or Consultant)

Name: _____

Designation: _____

Signature: _____

Current Health

Co morbidities (tick if present:):
 Diabetes COPD
 Asthma IHD

Other significant history: _____

Anaesthetic history: _____

**MEDICATIONS ADMINISTERED WITHIN ONE HOUR
PRIOR TO PROCEDURE:**

Time	Drug	Dose

Airway

Class I Class II Class III Class IV



Teeth: _____

Neck Mobility: _____

CURRENT MEDICATIONS:

ADVERSE DRUG REACTION:

EXAMINATION: Weight: _____ Pulse: _____ BP: _____

Time of last food: _____ Time of last fluid: _____

Other relevant findings: _____

Time out complete? Yes No

Consent Obtained? Yes No

Medication Preparation Order - DO NOT ADMINISTER
(Ensure supervising medical officer details completed prior to drug preparation)

Medication	Dose / Dilution	Doctor's Signature Print Name & Date	Date

PREPARATION ORDER
ONLY
DO NOT ADMINISTER

BINDING MARGIN - NO WRITING
FILE IN CLINICAL RECORD



**EMERGENCY DEPARTMENT
SEDATION CHART**

SURNAME		MRN	
OTHER NAMES		<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
D.O.B. ____ / ____ / ____		M.O. _____	
ADDRESS			
LOCATION			

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Time										
Resp. Rate										
Capnography										
SpO ₂										
FiO ₂ / O ₂ Flow										
O ₂ Device										
220										
200										
180										
160										
V BP Λ										
140										
120										
• HR										
100										
80										
60										
40										
20										
Consciousness Score (1-6)										

Date: _____

Did any of these events occur during or after sedation?

	No	Yes, no treatment	Yes, tick below*
Hypoventilation (<10 breaths/min)			
O₂ desaturation (<90% SaO ₂)			
Obstructed airway			
*Treatment required for respiratory problems (tick one or more)			
<input type="checkbox"/> painful stimuli	<input type="checkbox"/> endotracheal intubation		
<input type="checkbox"/> chin lift or jaw thrust	<input type="checkbox"/> flumazenil		
<input type="checkbox"/> oro or nasopharyngeal airway	<input type="checkbox"/> bag and mask ventilation		
<input type="checkbox"/> naloxone			
	No	Yes, no treatment	Yes, treated with
Hypotension (syst <80 mmHg)			
Hypertension (syst >180 mmHg)			
Bradycardia (rate <60/min)			
Tachycardia (rate >120/min)			
Vomiting			
Aspiration of stomach contents (Respiratory difficulty following regurgitation or vomit)			

CONSCIOUSNESS SCORE

1. Responded readily to name spoken in normal tone.
2. Lethargic response to name spoken in normal tone.
3. Responded only after name was called loudly and repeatedly.
4. Responded only after mild prodding or shaking.
5. Did not respond to mild prodding or shaking.
6. Did not respond to noxious (painful) stimulus.

DRUGS / FLUIDS ADMINISTERED DURING PROCEDURE

TIME	DRUG	DOSE	TIME	DRUG	DOSE

Post Procedure Instructions: _____

Procedural Clinician (name): _____ Signature: _____ Date: _____

Monitoring Clinician (name): _____ Signature: _____ Date: _____

Supervising MO (name): _____ Signature: _____ Date: _____

BINDING MARGIN - NO WRITING
FILE IN CLINICAL RECORD

Standard Observation Chart Coloured Zones (Paediatric, Adult & Maternity)

All Children

PARAMETER	NORMAL			
SpO ₂	≥95%	90-94%		≤89%
Respiratory Distress	Normal	Mild	Moderate	Severe
Capillary Refill	<3 sec	≥3 sec		
Level of Consciousness	Alert	Verbal/Touch	Pain	Unresponsive
Pain Score	Nil	Mild (1-3)	Moderate (4-6)	Severe (7-10)

Under 3 Months

PARAMETER	LOW			Normal Range	HIGH		
Respiratory Rate	≤19	20-24	25-29	30-55	56-65	66-75	≥76
Heart Rate	≤79	80-99	100-109	110-160	161-170	171-190	≥191
Systolic Blood Pressure	≤49	50-59	–	60-100	–	101-120	≥121
Temperature	≤34.4	34.5-35.9	–	36.0-38.5	–	38.6-41	≥41.1

3-12 Months

PARAMETER	LOW			Normal Range	HIGH		
Respiratory Rate	≤14	15-24	25-29	30-45	46-55	56-65	≥66
Heart Rate	≤79	80-89	90-99	100-160	161-170	171-180	≥181
Systolic Blood Pressure	≤59	60-69	–	70-110	–	111-130	≥131
Temperature	≤34.4	34.5-35.4	–	35.5-38.5	–	38.6-41	≥41.1

1-4 Years

PARAMETER	LOW			Normal Range	HIGH		
Respiratory Rate	≤14	15-19	–	20-40	41-50	51-60	≥61
Heart Rate	≤69	70-79	80-89	90-140	141-150	151-170	≥171
Systolic Blood Pressure	≤69	70-79	80-89	90-110	111-120	121-150	≥151
Temperature	≤34.4	34.5-35.4	–	35.5-38.5	–	38.6-41	≥41.1

5-11 Years

PARAMETER	LOW			Normal Range	HIGH		
Respiratory Rate	≤9	10-14	15-19	20-30	31-35	36-50	≥51
Heart Rate	≤59	60-69	70-79	80-120	121-140	141-160	≥161
Systolic Blood Pressure	≤79	80-89	–	90-110	111-130	131-160	≥161
Temperature	≤34.4	34.5-35.4	–	35.5-38.5	–	38.6-41	≥41.1

12 Years and Over

PARAMETER	LOW			Normal Range	HIGH		
Respiratory Rate	≤4	5-9	10-14	15-20	21-30	31-40	≥41
Heart Rate	≤39	40-49	50-59	60-100	101-130	131-150	≥151
Systolic Blood Pressure	≤79	80-89	–	90-120	121-160	161-200	≥201
Temperature	≤34.4	34.5-35.4	–	35.5-38.5	–	38.6-41	≥41.1

Adults

PARAMETER	LOW			Normal Range	HIGH	
Respiratory Rate	≤4	5-9		10-25	26-30	≥31
SpO ₂	≤89	90-94		95-100	–	–
Heart Rate	≤39	40-49		50-120	121-140	≥141
Systolic Blood Pressure	≤89	90-99		100-180	181-200	≥201
Level of Consciousness	<ul style="list-style-type: none"> • Pain or unresponsive (AVPU) • Drop of 2 points or more (GCS) • Unresponsive (GCS) 	Verbal (AVPU)		Alert		
Temperature	–	≤35.4		35.5-38.5	≥38.6	–