# SEDATION MONITORING FORM

**Clinic or Unit:**

**PREPROCEDURE INTERVIEW / PATIENT HISTORY**

| DATE OF PLANNED PROCEDURE: ____________________ | TIME OF PROCEDURE: ________________ | TODAYS DATE: __/__/____ |
| PLANNED PROCEDURE: ____________________________ | PLANNED LEVEL OF SEDATION: ☐ Minimal ☐ Moderate ☐ Deep |

**CHECK (✓) IF YOU CURRENTLY HAVE OR RECENTLY HAD:**

(PATIENT TO FILL OUT TOP SECTION)

<table>
<thead>
<tr>
<th>YES NO</th>
<th>Chest Pain</th>
<th>Abdominal Pain</th>
<th>YES NO</th>
<th>Asthma</th>
<th>YES NO</th>
<th>Migraines/Headaches</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High Blood Pressure</td>
<td>Nausea/Vomiting</td>
<td></td>
<td>Bronchitis</td>
<td>Cough</td>
<td>Paralysis/Weakness</td>
</tr>
<tr>
<td></td>
<td>Irregular Heart Beat</td>
<td>Diarrhea</td>
<td></td>
<td>Emphysema</td>
<td>Pneumonia</td>
<td>Numbness/Tingling</td>
</tr>
<tr>
<td></td>
<td>Heart Attack</td>
<td>Constipation</td>
<td></td>
<td>Shortness of Breath</td>
<td>Tuberculosis</td>
<td>Seizures</td>
</tr>
<tr>
<td></td>
<td>Stroke</td>
<td>GI Bleeding</td>
<td></td>
<td>Heart Failure</td>
<td>Polyps/Tumors</td>
<td>ALS or Multiple Sclerosis</td>
</tr>
<tr>
<td></td>
<td>Heart Failure</td>
<td>Difficulty Swallowing</td>
<td></td>
<td>Murmur or Valve Problems</td>
<td>Polyps/Tumors</td>
<td>Arthritis</td>
</tr>
<tr>
<td></td>
<td>Murm or Valve Problems</td>
<td>Hiatal Hernia or Reflux</td>
<td></td>
<td>Coronary Artery Stents</td>
<td>Difficulty Swallowing</td>
<td>Heart Failure</td>
</tr>
<tr>
<td></td>
<td>Coronary Artery Stents</td>
<td>Chronic Obstructive Pulmonary Disease</td>
<td></td>
<td>Pacemaker/Defibrillator</td>
<td>Chronic Obstructive Pulmonary Disease</td>
<td>Heart Failure</td>
</tr>
<tr>
<td></td>
<td>Pacemaker/Defibrillator</td>
<td>Heart Surgery</td>
<td></td>
<td>Heart Surgery</td>
<td>Heart Surgery</td>
<td>Heart Failure</td>
</tr>
</tbody>
</table>

**MUSCULO-SKELETAL, NEUROLOGICAL**

<table>
<thead>
<tr>
<th>YES NO</th>
<th>Bleeding Disorders</th>
<th>YES NO</th>
<th>Liver Problems/Abnormalites</th>
<th>YES NO</th>
<th>Drink alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cancer: ___________</td>
<td></td>
<td>Are you pregnant</td>
<td>Cough</td>
<td>If yes/drinks per week:</td>
</tr>
<tr>
<td></td>
<td>Recent Chemo (Date: ___)</td>
<td></td>
<td>Hysterectomy</td>
<td>Bronchitis</td>
<td>How much per day:</td>
</tr>
<tr>
<td></td>
<td>Diabetes Onset:</td>
<td></td>
<td>Hysterectomy</td>
<td>Emphysema</td>
<td>How many years:</td>
</tr>
<tr>
<td></td>
<td>Insulin</td>
<td>Oral Meds</td>
<td>Post-menopausal</td>
<td>Pneumonia</td>
<td>Chemical dependency:</td>
</tr>
<tr>
<td></td>
<td>HIV/AIDS</td>
<td>Tubal Ligation</td>
<td>Thyroid problems</td>
<td>Shortness of Breath</td>
<td>Substance Abuse:</td>
</tr>
<tr>
<td></td>
<td>Kidney problems or dialysis</td>
<td>Are you Lactating/Breastfeeding</td>
<td>Thyroid problems</td>
<td>Tuberculosis</td>
<td></td>
</tr>
</tbody>
</table>

**COMMUNICATION LIMITATION**

- Language barrier
- Deaf
- Impaired vision
- Other

**DISCHARGE PLANNING / FUNCTIONAL ASSESSMENT**

- Consider the following:
  - Support systems
  - Live in Barracks/Berthing
  - Home Health needs
  - Social Services
  - Environmental needs
  - Extended care needs
  - Referral for pain assessment
  - Intervention documented in narrative notes
  - Case Manager Notified on (Date): ___
  - Cultural and/or spiritual practices you want us to know about?
  - No Intervention required per Nursing & Patient Assessment

**NUTRITIONAL ASSESSMENT**

- No restrictions
- Diet at Home: ____________________
- Recent unintentional weight loss > 10 lbs
- Prolonged nausea/vomiting and/or diarrhea
- Poor appetite/intake
- Tube feeding
- Fall Risk/Precautions

**OUTPATIENT TRANSPORTATION**

- Patient understands requirement for transportation home following procedure with sedation.

  - Name: ____________________
  - Relationship: ____________________
  - Phone #: ____________________

  History reviewed & interviewed by Pre-Operative Nurse:

  Signature/Printed Name: ____________________ Date/Time: ____________________

---

*NMCSD 6320/289 (Rev 11/15)*
## Patient Instruction Document

### Preprocedure Physical Assessment/Checklist (to be completed by nurse or LIP)

<table>
<thead>
<tr>
<th>Preparation</th>
<th>Review of History</th>
<th>VS/Lab/Eval</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
</tbody>
</table>
- Designated driver present
- Recent cough, cold (last 7-10 days)
- Bowel preparation done if applicable
- Procedure consent(s) signed
- ASA/NSAIDS (last 5-10 days)
- HCG negative
- EKG
- CXR
- LABS

### Preprocedure Assessment

- **Level of consciousness**
- **Cardiovascular**
- **Respiratory/Airway**
- **Integument**

### Airway Exam / H&P Update (to be completed by LIP)

- **ASA Class:** I  II  III  IV*  V*
- **Mallampati Airway:** I  II  III*  IV*

*ASA Class IV or V or Mallampati Airway III or IV consider Anesthesia consultation prior to sedation*

- On day of admission, H&P reviewed, Medication Records Reconcilled, and Pt. examined.
- No interval changes noted.

### Procedure Explained

- **Exam**
- Description of procedure.
- IV placement
- Meds
- Scope or catheter placement
- May have pain, will be awake
- Biopsy specimen collection

- **Intra-procedure**
- Length of procedure
- Infection control measures
- Monitoring equipment
- Cardiac monitor, pulse ox, auto B/P, ETCO2
- Positioning/Safety

- **Recovery**
- Length of recovery
- Sensations of exam & meds
- Monitoring equipment
- Discharge criteria
- Discharge instructions

### Specific Medication Instructions

- Diabetes cont./hold when
- Asthma cont./hold when
- Hypertension cont./hold when
- Diuretic cont./hold when
- Aspirin cont./hold when
- Coumadin cont./hold when
- Plavix cont./hold when
- Anti-inflammatory cont./hold when
- Lovenox cont./hold when

### Discharge Criteria

- May have pain, will be awake
- auto B/P, ETCO2
- Discharge instructions

### Biopsy Specimen Collection

- Positioning/Safety
- Skin Prep
- Correct site confirmed by Pt.

### Preprocedure Medications

- Diabetes
- Asthma
- Hypertension
- Diuretic
- Aspirin
- Coumadin
- Plavix
- Lovenox
- Anti-inflammatory

### Medications

- Diabetes
- Asthma
- Hypertension
- Diuretic
- Aspirin
- Coumadin
- Plavix
- Lovenox
- Anti-inflammatory

### Other: ___________________________________________________________

### Patient Signature:________________________________________________

---

See Essentriss Note
INTRA-PROCEDURE

IV Placed in Clinic: @________
Existing IV
Cath
Site
Started by: (Initial)________
Solution/Rate________
Volume Hung________

Items Removed:
Dental appliances
Glasses
Contact Lenses
Prosthesis
Pt. belongings secured

Existing IV
Glasses
Lab Test Results in Chart w/correct Patient ID
Dental appliances
Diagnostic Reports w/correct Patient ID
Contact Lenses
Peri-op Antibiotic: If yes Med/Dose:__________
Prosthesis
IV/PO Time:__________
Pt. belongings secured

Miscellaneous:
Reversal Meds Available

Contact Lenses
Peri-op Antibiotic: If yes Med/Dose:__________

Glasses
Lab Test Results in Chart w/correct Patient ID

Existing IV
Prosthesis
Diagnostic Reports w/correct Patient ID

Cath_____________________
Glasses

Patient Position:
Supine
Prone
L/R Lateral
Lithotomy

Local/Skin Prep:
Betadine Paint
Hibiclens
Chloroprep
Local Anes;

Monitors in place:
Auto B/P
EKG
Oximeter
ETCO2

Type/Serial #: ___________/____________

Sedation Monitor:______________________________________/__________

Wasted Meds(Drug/Amount):____________________/__________

WITNESS:________________________________________________/_________

ORDERING MO:_________________________/__________

Specimen Collected: YES NO

Type/Location:_________________________ Total#:___________

EBL:________mL

Why?________________________________

Reversal Agents Used:_________________________

None used

Wasted Meds(Drug/Amount):____________________/__________

Pre-Procedure Aldrete:

Aldrete:

B/P

Vitals Signs Codes:

□ Pulse

□ SBP

□ DBP

Resp Rate

Sat %

ETCO2

O2 (liters/min)

LOC

Pain

Rhythm

Comment #

LOC: 1-Awake, alert oriented
      2-Occasionally drowsy, easy to arouse
      3-Frequently drowsy, drifts off/sleeps during conversation, arousable
      4-Somnolent, minimal or no response to stimuli

PAIN: I - No expression, HR&BP = to or < preop, no vocalization, content, relaxed.
      II - Occasional grimace, HR&BP ~ 20% preop, vocalizing pain, can reassure, tense.
      III - Grimacing, HR&BP >20% preop, moaning, difficult to comfort, restless.

WITNESS:________________________________________________/_________

ORDERING MO:_________________________/__________

Specimen Collected: YES NO

Type/Location:_________________________ Total#:___________

EBL:________mL

Reversal Agents Used:_________________________

None used

Wasted Meds(Drug/Amount):____________________/__________

Sedation Monitor:______________________________________/__________

Pre-Procedure Aldrete:

Aldrete:

B/P

Vitals Signs Codes:

□ Pulse

□ SBP

□ DBP

Resp Rate

Sat %

ETCO2

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      III - Grimacing, HR&BP >20% preop, moaning, difficult to comfort, restless.

Wasted Meds(Drug/Amount):____________________/__________

Sedation Monitor:______________________________________/__________

WITNESS:________________________________________________/_________

ORDERING MO:_________________________/__________

Specimen Collected: YES NO

Type/Location:_________________________ Total#:___________

EBL:________mL

Reversal Agents Used:_________________________

None used

Wasted Meds(Drug/Amount):____________________/__________

Sedation Monitor:______________________________________/__________

WITNESS:________________________________________________/_________

ORDERING MO:_________________________/__________

Specimen Collected: YES NO

Type/Location:_________________________ Total#:___________

EBL:________mL

Reversal Agents Used:_________________________

None used

Wasted Meds(Drug/Amount):____________________/__________

Sedation Monitor:______________________________________/__________

WITNESS:________________________________________________/_________

ORDERING MO:_________________________/__________

Specimen Collected: YES NO

Type/Location:_________________________ Total#:___________

EBL:________mL

Reversal Agents Used:_________________________

None used

Wasted Meds(Drug/Amount):____________________/__________

Sedation Monitor:______________________________________/__________

WITNESS:________________________________________________/_________

ORDERING MO:_________________________/__________

Specimen Collected: YES NO

Type/Location:_________________________ Total#:___________

EBL:________mL

Reversal Agents Used:_________________________

None used

Wasted Meds(Drug/Amount):____________________/__________

Sedation Monitor:______________________________________/__________

WITNESS:________________________________________________/_________

ORDERING MO:_________________________/__________

Specimen Collected: YES NO

Type/Location:_________________________ Total#:___________

EBL:________mL

Reversal Agents Used:_________________________

None used

Wasted Meds(Drug/Amount):____________________/__________

Sedation Monitor:______________________________________/__________

WITNESS:________________________________________________/_________

ORDERING MO:_________________________/__________

Specimen Collected: YES NO

Type/Location:_________________________ Total#:___________

EBL:________mL

Reversal Agents Used:_________________________

None used

Wasted Meds(Drug/Amount):____________________/__________

Sedation Monitor:______________________________________/__________

WITNESS:________________________________________________/_________

ORDERING MO:_________________________/__________

Specimen Collected: YES NO

Type/Location:_________________________ Total#:___________

EBL:________mL

Reversal Agents Used:_________________________

None used

Wasted Meds(Drug/Amount):____________________/__________

Sedation Monitor:______________________________________/__________

WITNESS:________________________________________________/_________

ORDERING MO:_________________________/__________

Specimen Collected: YES NO

Type/Location:_________________________ Total#:___________

EBL:________mL

Reversal Agents Used:_________________________

None used

Wasted Meds(Drug/Amount):____________________/__________

Sedation Monitor:______________________________________/__________

WITNESS:________________________________________________/_________

ORDERING MO:_________________________/__________

Specimen Collected: YES NO

Type/Location:_________________________ Total#:___________

EBL:________mL

Reversal Agents Used:_________________________

None used

Wasted Meds(Drug/Amount):____________________/__________

Sedation Monitor:______________________________________/__________

WITNESS:________________________________________________/_________

ORDERING MO:_________________________/__________

Specimen Collected: YES NO

Type/Location:_________________________ Total#:___________

EBL:________mL

Reversal Agents Used:_________________________

None used

Wasted Meds(Drug/Amount):____________________/__________

Sedation Monitor:______________________________________/__________

WITNESS:________________________________________________/_________

ORDERING MO:_________________________/__________

Specimen Collected: YES NO

Type/Location:_________________________ Total#:___________
POST-PROCEDURE/DISCHARGE PLANNING & RELEASE

Placed on monitors, safety devices implemented, side rails up x2.

Post-procedure medications:

<table>
<thead>
<tr>
<th>Time</th>
<th>Medication</th>
<th>Dose</th>
<th>Route</th>
<th>Pain Level</th>
<th>Med response (30 min) Pain Level</th>
<th>Initials</th>
</tr>
</thead>
</table>

Aldrete Scoring System

<table>
<thead>
<tr>
<th>Activity:</th>
<th>PRE</th>
<th>POST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to move 4 extremities</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Able to move 2 extremities</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Unable to move</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Respiration:</th>
<th>PRE</th>
<th>POST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to deep breathe &amp; cough freely</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Dyspnea or limited breathing</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Apneic</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Circulation:</th>
<th>PRE</th>
<th>POST</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP = 20mm of preanesthetic level</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>BP = 20 - 50mm of preanesthetic level</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>BP = 50mm of preanesthetic level</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consciousness:</th>
<th>PRE</th>
<th>POST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully awake (able to answer questions)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Arousable on calling (arousable only to calling)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Unresponsive</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Oxygenation:</th>
<th>PRE</th>
<th>POST</th>
</tr>
</thead>
<tbody>
<tr>
<td>O2 saturation &gt;92% on room air</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Needs O2 inhalation to maintain saturation &gt; 90%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>O2 saturation&lt; 90% even with supplement</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

**Must score between 8-10 for discharge**

- IV catheter removed, no sign of IV therapy complications, or see narrative.
- Discharge criteria met: No IV sedation in past 30 minutes, vital signs stable for at least 30 minutes, adequate ventilation & oxygenation
- Patient free from undue discomfort caused by the procedure. Pain site & intensity (pain scale 0-10):

  □ Procedure dressing clean dry and intact. Comments:
  □ Other drains/tubes intact. Comments:
  □ IV catheter removed, no sign of IV therapy complications, or see narrative.
  □ Discharge criteria met: No IV sedation in past 30 minutes, vital signs stable for at least 30 minutes, adequate ventilation & oxygenation
  □ Patient free from undue discomfort caused by the procedure. Pain site & intensity (pain scale 0-10):

Discharge criteria met at: (Time) __________

- Written discharge instructions addressing diet, activity, comfort measures, medications, precautions and follow-up care discussed with, and given to patient &/or escort. Patient/escort verbalizes understanding of instructions.
- Released from Recovery room/clinic with escort via: □ Ambulation □ Wheelchair □ Gurney □ Other: _______ at: (Time) ________
- Name of person report verbalized to prior to patient transfer: __________
- Discharged to: □ Home □ Inpatient Ward: _______ □ Observation Ward: _______ □ Other: _______

Physician discussed results with patient & escort, reviewed episode of care, approve discharge: ____________

(Sign/Print/Title/Date/Time)

Recovery Staff: ____________ / ____________

(Sign/Print/Title/Date/Time)

Product Labels:

SEE ESSENTRIS NOTE