

Moderate Sedation Pre-Procedure Assessment & Plan TO BE USED WHEN H&P IS PRESENT

Current H&P on Medical Record:

- ☐ Progress note reviewed for update
☐ Currently Pregnant ☐ History of Sleep Apnea

Medications:

- ☐ See medication reconciliation list

Or list the medications: _____

Allergies:

- ☐ No known drug allergies.
☐ I have reviewed the allergies properly recorded on the chart.

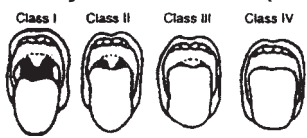
Anesthesia & Sedation History:

Previous anesthesia complications: ☐ Yes ☐ No

If YES, list complication: _____

(Required) Heart and Lung Assessment:

- ☐ Heart _____
☐ Lungs _____

Airway Assessment (Mallampatti Score):

- ☐ 1 All of the posterior oropharynx is visualized.
☐ 2 The tip of the uvula is obscured. Some of the soft palate is visualized.
☐ 3 Most of the uvula is obscured.
☐ 4 Only the hard palate is visualized.

A score of 3 or 4 is specific for a difficult intubation.

- ☐ Short muscular neck
☐ Receding lower jaw
☐ Protruding upper and lower incisors
☐ Decreased Mental Thyroid Cartilage Distance
☐ Significant Obesity – especially of the neck and facial features

ASA Classification:

- ☐ E Emergency
☐ 1 Normal healthy patient.
☐ 2 Normal patient with mild systemic disease. No functional limitations.
☐ 3 Patient with a severe systemic disease that limits activity but is not incapacitating.
☐ 4 Patient with an incapacitating systemic disease that is a constant threat to life.
☐ 5 Moribund patient not expected to survive 24 hours with or without the procedure.

NPO Status:

- ☐ The patient's NPO status is in accordance with the guidelines for moderate sedation; fasting from clear liquids for a minimum of two hours and from solid food for a minimum of eight hours.
☐ The patient's NPO status is not within guidelines noted above, but I desire to proceed with appropriate caution.

Informed Consent:

- ☐ The risks, benefits and alternatives of the moderate sedation have been discussed with the patient / decision-maker; agree to proceed with plan.

Plan For Moderate Sedation:

- ☐ Sedation will be administered, and the patient will be monitored according to the Moderate Sedation Policy.
☐ Patient re-evaluated by physician immediately prior to sedation.

Agent: _____ Route: _____

Physician's Signature

Physician's ID

Date

Time

