

## 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):  Class I Class II Class II Class IV	ate is visualized.
<ul> <li>□ Short muscular neck</li> <li>□ Receding lower jaw</li> <li>□ Protruding upper and lower incisors</li> <li>□ Decreased Mental Thyroid Cartilage Distance</li> <li>□ Significant Obesity – especially of the neck and facial features</li> </ul>	
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 incapacitat □ 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 procedu	
NPO Status:	
<ul> <li>The patient's NPO status is in accordance with the guidelines for moderate sedation for a minimum of two hours and from solid food for a minimum of eight hours.</li> <li>The patient's NPO status is not within guidelines noted above, but I desire to proceed to proceed to the patient's NPO status is not within guidelines noted above.</li> </ul>	
Informed Consent:	
☐ The risks, benefits and alternatives of the moderate sedation have been discussed maker; agree to proceed with plan.	d with the patient / decision-
Plan For Moderate Sedation:  □ Sedation will be administered, and the patient will be monitored according to the Moderate Patient re-evaluated by physician immediately prior to sedation.	oderate Sedation Policy.
Agent: Route:	
Physician's Signature	Physician's ID

Time

Date