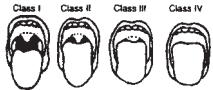


## Procedural Record for Moderate/Deep Sedation

**Allergies:** ☐ No known drug allergies ☐ I have reviewed the allergies properly recorded on chart

Procedure: \_\_\_\_\_

Indication(s): \_\_\_\_\_

History	
<input type="checkbox"/>	Currently Pregnant
<input type="checkbox"/>	History of Sleep apnea
Other relevant Medical History: _____	
Medications: <input type="checkbox"/> see medication reconciliation list OR list the medications: _____	
Previous anesthesia complications <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, list complications: _____	
Physical Assessment	
<b>* = REQUIRED</b>	
<input type="checkbox"/>	General Appearance: Head-Neck <span style="float: right;">MOUTH <input type="checkbox"/> ok <input type="checkbox"/> Small</span>
<input type="checkbox"/>	*Heart <span style="float: right;">NECK <input type="checkbox"/> Full ROM <input type="checkbox"/> Decreased ROM <input type="checkbox"/> Short</span>
<input type="checkbox"/>	*Lungs <span style="float: right;">Abdomen <span style="float: right;">Other: _____</span></span>
<input type="checkbox"/>	*ASA Classification: <input type="checkbox"/> Emergency
<input type="checkbox"/>	1. Healthy Patient
<input type="checkbox"/>	2. Mild Systemic disease, no functional limitations
<input type="checkbox"/>	3. Severe systemic disease, definite functional limitations
<input type="checkbox"/>	4. Severe systemic disease that is a constant threat to life
<input type="checkbox"/>	5. Moribund patient not expected to survive 24 hours with or without surgery
<b>*Airway Assessment (Mallampatti Score):</b>	
<input type="checkbox"/>	1. All of the posterior oropharynx is visualized.
<input type="checkbox"/>	2. The tip of the uvula is obscured. Some of the soft palate is visualized.
<input type="checkbox"/>	3. Most of the uvula is obscured.
<input type="checkbox"/>	4. Only the hard palate is visualized.
	
<b>A score of 3 or 4 is specific for a difficult intubation. The physical features below may also indicate a "difficult" airway:</b>	
<input type="checkbox"/>	Short muscular neck <input type="checkbox"/> Receding lower jaw
<input type="checkbox"/>	Protruding Upper or lower incisors <input type="checkbox"/> Decreased Mental Thyroid Cartilage Distance
<input type="checkbox"/>	Significant Obesity – especially of the neck and facial features
<b>*NPO Status</b>	
<input type="checkbox"/>	The patient's NPO status is in accordance with the guidelines for moderate / deep sedation, fasting from clear liquids for a minimum of 2 hours & from solid food for a minimum of 8 hours.
<input type="checkbox"/>	The patient's NPO status is not within guidelines noted above, but I desire to proceed with appropriate caution
<b>*Informed Consent:</b>	
<input type="checkbox"/>	The risks, benefits and alternatives of moderate/deep sedation have been discussed with the patient/decision maker, agree to proceed with plan.
<b>*Sedation plan:</b>	
<input type="checkbox"/>	Moderate Sedation Agent: _____
<input type="checkbox"/>	Deep Sedation Route: _____
<input type="checkbox"/>	* Patient re-evaluated immediately prior to sedation
Sedation administered by: _____	
Physician's Signature _____ Physician ID _____ Date _____ Time _____	
Immediate Post Procedure Note	
*Proceduralist/Surgeon performing the procedure: _____	
*Assistants: <input type="checkbox"/> None	
*Post Operative Diagnosis: _____	
*Procedure Performed /Description: _____	
*Findings of Procedure: _____	
_____	
_____	
*Estimated Blood loss: <input type="checkbox"/> None <input type="checkbox"/> other _____	
*Specimens Removed: <input type="checkbox"/> None <input type="checkbox"/> biopsy _____ <input type="checkbox"/> polypectomy <input type="checkbox"/> cytology: <input type="checkbox"/> brush <input type="checkbox"/> wash <input type="checkbox"/> aspirate <input type="checkbox"/> other _____	
* (If moderate sedation procedure) Patient's condition at end of procedure: _____	

Physician's Signature \_\_\_\_\_

Physician ID \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

