LeBonheur Children's Medical Center

(Place Patient Sticker Here)

# MONITORED SEDATION CARE

Date Of Procedure _____ Time _____

☐ Outpatient _____ ☐ Inpatient _____ ☐ 23 Hour Obs Location _____

Proposed Procedure _____ Performed Procedure _____ Consent Signed_____

Consult "Sedation Specialist" Regarding The Need For And/Or Appropriateness For Procedural Sedation.

Name of Requesting MD _____

Wt _____ (kg) Ht _____ (cm) Last PO _____

Allergies _____

*(Drugs And Foods – Peanuts, Soy & Eggs)*

| **History** | **Yes** | **No** | **Comments** | **Airway Exam** | **NL** | **ABN** | **Comments** |
|---|---|---|---|---|---|---|---|
| Prev. Anes/Sed Prob. | | | | Oral Opening | | | |
| Currently Pregnant | | | | Neck Extension | | | |
| Asthma | | | | Dentition | | | |
| Sleep Apnea | | | | Mallampati Score | | I II III IV | |
| Arthritis | | | | **ASA SCORE** | | I II III IV V | |
| Renal Disease | | | | | | | |
| Hepatic Disease | | | | **CV** | **Pul** | **Neuro** | |
| Neurologic/Seizures | | | | **Preprocedure VS:** | **T** | **HR** **RR** **BP** **Sp02** | |
| Cardiac Disease | | | | | | | |
| Pulmonary Disease | | | | Labs: | | | |
| Score | | | NIPS | FLACC | Faces | Numeric | |
| Description Of Pain | | | | | | | |

**HPI & Other Medical History/Surgeries** _____

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**Current Medications** _____

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**ASA Classification:**

- I A normal healthy patient
- II A normal patient with mild systemic disease
- III Severe systemic disease that limits activity but is not incapacitating
- IV Incapacitating systemic disease that is a constant threat to life
- V Moribund patient not expected to survive 24 hours with or without the procedure

**Sedation Plan**

Intended Sedation Level

Level I – Minimal Sedation/Anxiolysis — Awake And Calm

Level II – Moderate Sedation — Drowsy, Responds To Conversation

Level III – Deep Sedation — Asleep, Arousable With Stimulation

**Monitored Anesthesia Care Start Time** _____

**Monitored Anesthesia Care Stop Time** _____

**Agent:** _____

**I Have Reviewed Or Performed The Above Assessment Immediately Prior To Sedation. Based On That Assessment This Patient Is Approved For Sedation.** **Time of Assessment** _____

MD Signature & # _____

MD Signature & # _____

*(Attending Physician If Above Is Resident/Fellow)*

RN Signature _____ RN Signature _____

Other _____ Other _____

Date _____

**Preprocedure Teaching Instructions Reviewed & Parent Verbalized Understanding ☐ RN Initials _____**

**"Time Out" Verified By ☐ MD _____ ☐ Team _____ ☐ Anesthesia _____**

(Place Patient Sticker Here)

# Medication Administration Record

If Used As A Physician Order: MD Signature & # _____

| Medication | Dose | Route | Time | Initials | Total | Medication | Dose | Route | Time | Initials | Total |
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| Time | EtCO2 Wave Form Present | O2 sat | HR | BP | O2 | RR | Pain Scale | Notes |
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Date _____

(Place Patient Sticker Here)

| Time | EtCO2 Wave Form Present | O2 sat | HR | BP | O2 | RR | Pain Scale | Notes |
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| Name/Signature/Initials | Name/Signature/Initials |
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**ALDRETE SCORE KEY**

| Score | ACTIVITY | Score | CIRCULATION | | | Time | Pre | Post | Disch. |
|---|---|---|---|---|---|---|---|---|---|
| 2 | Able to move 4 extremities | 2 | BP is 20% decrease of preanesthetic level | | | Activity | | | |
| 1 | Able to move 2 extremities | 1 | BP is 20-50% decrease of preanesthetic level | | | Circ | | | |
| 0 | Able to move 0 extremities | 0 | BP > 50% decrease of preanesthetic level | | | Resp | | | |
| **Score** | **RESPIRATORY** | **Score** | **CONSCIOUSNESS** | **Score** | **O2 SAT.** | Consc | | | |
| 2 | Able to cough, deep breathe or cry | 2 | Fully awake | 2 | Able to maintain SaO2 >92% | O2 Sat. | | | |
| 1 | Dyspnea, shallow or limited breathing | 1 | Arousable | 1 | Needs O2 to maintain SaO2 >90% | Total | | | |
| 0 | Apnea or respiratory distress | 0 | Not Responding | 0 | SaO2 <90% even with O2 supplement | Initials | | | |

**Patient Was Provided Continuous Monitoring Throughout The Procedure And Was Recovered According To Sedation Protocol.**

Discharge Instruction Sheet Given ☐ Initials _____

Discharge VS _____ T _____ HR _____ RR _____ BP _____ Sp02 _____