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.
☐ 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: _______________________________________

_____________________________________________ ______________________________________________

Date Time

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