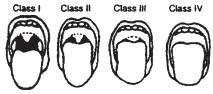


Procedural Record for Moderate/Deep Sedation

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	
* = REQUIRED	
<input type="checkbox"/>	General Appearance: Head-Neck MOUTH <input type="checkbox"/> ok <input type="checkbox"/> Small
<input type="checkbox"/>	*Heart NECK <input type="checkbox"/> Full ROM <input type="checkbox"/> Decreased ROM <input type="checkbox"/> Short
<input type="checkbox"/>	*Lungs Abdomen Other: _____
<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
*Airway Assessment (Mallampatti Score):	
<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.
	
A score of 3 or 4 is specific for a difficult intubation. The physical features below may also indicate a "difficult" airway:	
<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
*NPO Status	
<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
*Informed Consent: <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.	
*Sedation plan: <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 _____

