SEDATION CHECKLIST AND PATIENT SEDATION SUMMARY

DATE:

PATIENT NAME:

Reception:

|  |  |
| --- | --- |
| Sedation Consent form signed & in file |  |
| Fasting: No food since: No fluid since: |  |
| Pick up organised: Name: Ph: |  |
| Warning time for pick up: |  |
| Toilet Stop |  |
|  |  |

Surgery:

|  |  |
| --- | --- |
| DVT exercises |  |
| No nose itching |  |
| Toilet stop notice 15 min prior |  |
| Finger sensor tapping |  |
| IV line arm bending |  |
| Pulse-Ox beeping & breathing |  |
| Explain BiteBlock |  |
| Soy/Egg Allergies |  |
| No Medication/Medical changes since last visit? |  |
| Biting together for Buccal CadCam images |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| AGE | HEIGHT | WEIGHT | SEX |  | HYPNVL | Sod Chl |
|  |  |  |  | mℓ used  mℓ discarded  Batch  Exp | mℓ  Batch  Exp |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| TIME | BP | HR | 02 | 02 flow rate | HYPNVL | BIS |
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| Condition on discharge & additional sedation notes: |