

SEDATION CHECKLIST AND PATIENT SEDATION SUMMARY

Date:

Patient Name:

Reception	
IV Sedation Consent Form signed and in file	
Fasting	No food since:
	No fluid since:
Patient pick-up	Escort's name:
	Escort's phone/mobile:
Notice required by Escort (hr/min):	
Bathroom break	

Surgery	
DVT exercises	
No nose itching	
Bathroom break notice 15-min prior	
Finger sensor tapping	
IV line arm bending	
Pulse-Ox beeping & breathing	
Explain BiteBlock	
Any medication/medical changes since last visit?	

Age	Height	Weight	Sex	ASA PS Classification	Mallampati Classification
				(Circle relevant classification)	
				ASA I	Class 1
				ASA II	Class 2
				ASA III	Class 3
					Class 4

O ₂ Flow Rate	Midazolam	Saline
	Concentration (mg/ml): _____ mg/ml _____ mg used _____ mg discarded	_____ ml
	Batch: _____	Batch: _____
	Exp: _____	Exp: _____

Time	BP	HR	SpO ₂	ETCO ₂	Midazolam

Discharge Criterion <i>(all must be met prior to discharge)</i>	
Airway patent and stable	<input type="checkbox"/> Satisfied <input type="checkbox"/> Not Satisfied
Return to Baseline Level of Consciousness (LOC)	<input type="checkbox"/> Satisfied <input type="checkbox"/> Not Satisfied
Cardiovascular function stable	<input type="checkbox"/> Satisfied <input type="checkbox"/> Not Satisfied
Able to talk	<input type="checkbox"/> Satisfied <input type="checkbox"/> Not Satisfied
Escort present	<input type="checkbox"/> Satisfied <input type="checkbox"/> Not Satisfied
Co-ordinated movement	<input type="checkbox"/> Satisfied <input type="checkbox"/> Not Satisfied
Discharge instructions given	<input type="checkbox"/> Satisfied <input type="checkbox"/> Not Satisfied