

MRN NUMBER

WEIGHT

SURNAME

NAME

TRIAGE CATEGORY

DOB

AFFIX ADDRESSOGRAPH LABEL HERE

Record of sedation for procedure in the **Emergency Department**

This is **NOT** a medication order. Use this form for procedural sedation with oral, IV, IM, intranasal or inhaled agents

Date: / / Time procedure started (24hr clock): Type of procedure:

() * NUMBER CORRESPONDS TO THE INFORMATION PROVIDED ON THE REVERSE		
PRE-PROCEDURAL ASSESSMENT		
Written Informed Consent Obtained: <input type="checkbox"/> indications discussed <input type="checkbox"/> adverse events discussed/documentated in HCR		
Sedation handout discussed with patient	YES	NO
RISK ASSESSMENT (1)*: Difficult Airway Indicators - LEMON (DIFFICULT AIRWAY PATIENTS MUST NOT BE SEDATED IN THE ED)		
LOOK: facial trauma or deformities, large teeth, large tongue or beard present		
EVALUATE: 3/3/2 RULE	<u> </u> / <u> </u> / <u> </u>	
MALAMPATI CLASS: Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4 <input type="checkbox"/>		
OBSTRUCTION	YES	NO
NECK (Mobility Limited)	YES	NO
Allergies and weight documented on medicine kardex	YES	NO
Medications prescribed on medicine kardex	YES	NO
Past medical history recorded	YES	NO
Last Meal: Fasted for (2)* Solids <u> </u> HRS Liquids <u> </u> HRS (MUST BE RECORDED FOR EVERY SEDATION)		
ASA Classification (3)*: Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4 <input type="checkbox"/> (ONLY CLASS 1&2 ARE ELIGIBLE FOR SEDATION IN THE ED)		
Staff Levels (4)* Consultant <input type="checkbox"/> ED SpR <input type="checkbox"/> NCHD <input type="checkbox"/> Nurse <input type="checkbox"/>	Yes	
Start continuous monitoring prior to administering sedation & at 5mins intervals throughout sedation event (HR, ECG, RR, SaO ₂ , BP, pain score, ETCO ₂)	Yes	
Other analgesic/sedative agents administered. If yes, specify	Yes	No
Prepare venue: Equipment is present and functioning: procedure equipment, emergency equipment (5)*	Yes	
"TIME OUT" or "Positive Patient Identification" (6)*	Yes	

ABOVE SECTION SHOULD BE COMPLETED PRIOR TO THE PATIENT PROCEEDING TO THE "SEDATION PERIOD"

DURING SEDATION PROCEDURE		
Drugs administered by ED-trained staff member	Yes	
Vital signs/Sedation Score documented every 5 minutes (ON OBS SHEET)(7)*	Yes	
POST-PROCEDURE ASSESSMENT		
Patient returned to baseline Sedation Score	Yes	
Observations within normal limits	Yes	
Discharge criteria met (8)*	Yes	
Post-sedation care discussed (Sedation handout) (N.B. safety and injury prevention highlighted)	Yes	
SEDATION EVENT SUMMARY (PLEASE CIRCLE)		
Sedation used (please circle): Nitrous Oxide Ketamine Midazolam Propofol other (specify) _____		
Route: Inhaled <input type="checkbox"/> IV <input type="checkbox"/> IM <input type="checkbox"/> Intranasal <input type="checkbox"/> PO <input type="checkbox"/>		
Additional Anaesthesia: Local (lignocaine) <input type="checkbox"/> Topical (Ametop) <input type="checkbox"/> LAT <input type="checkbox"/>		
Total dose: _____ mg OR N ₂ O _____ % for _____ minutes		
Adequacy of sedation: _____ (As per the Ramsay Scale (7)*)		
Side effects/Adverse Events (AEs): No Yes (Please specify)		
Staff members identification		Time Out completed by: (6)* Tick box by staff member listed
Print Name _____ Signature _____ IMC No/NMBI PIN _____		
Print Name _____ Signature _____ IMC No/NMBI PIN _____		
Additional Comments:		

1. RISK ASSESSMENT

LOOK EXTERNALLY: FACIAL TRAUMA OR DEFORMITIES, LARGE TEETH, LARGE TONGUE OR BEARD PRESENT

EVALUATE: 3-3-2 RULE

INCISOR DISTANCE: 3 FINGER BREADTHS

HYOID-MENTAL DISTANCE: 3 FINGER BREADTHS

THYROID-TO-MOUTH DISTANCE: 2 FINGER BREADTHS

MALAMPATI CLASS:



OBSTRUCTION: PRESENCE OF ANY CONDITION SUCH AS EPIGLOTTITIS, PERITONSILLAR ABSCESS OR TRAUMA

NECK MOBILITY: LIMITED NECK MOBILITY?

AGENT	DOSES	CONTRAINDICATIONS	COMMENTS
Propofol	0.5-1mg/kg IV, then 0.25-0.5mg/kg 3-5mins prn	Egg or Soy allergy	Preferred for shorter procedures & when muscle relaxation is of benefit; avoid if hypotension is a concern
Midazolam	0.05 mg/kg IV, then 0.05mg/kg 3-5mins prn	Pregnancy, allergy to benzyl alcohol	Comparatively delayed onset or action, do-not re-dose to quickly
Ketamine	IV: 1-2 mg/kg slowly, top-up dose 0.5mg/kg IM: 2-4mg/kg, rpt @ 10mins with 2-4mg/kg if required	Known cardiovascular disease, concurrent head trauma with altered mental status, glaucoma	Ketamine is a positive inotrope it increases HR, BP, CO and ICP
REVERSAL AGENT	DOSE	CAUTION	
Naloxone	0.01-0.1 mg/kg IV or IM (typically adult dose 0.4mg) max 2mg		
Flumazenil	0.01 mg/kg IV or IM (typically adult dose 0.2mg) over 20 seconds. max 1mg	Only use in benzodiazepine naive patient	
2. LAST MEAL	<ul style="list-style-type: none">Fasting is a consideration but not a necessity for Emergency sedationIf the procedure is an emergency consider the risk/benefit balance of sedating a non-fasted patientIf the procedure is not an emergency a minimum 2 hr fast from clear fluids or up to 6 hours from solids is required		
3. ASA CLASSIFICATION	Class 1: A normal healthy patient Class 2: A patient with systemic disease Class 3: A patient with severe systemic disease Class 4: A patient with severe systemic disease that is constant threat to life		
4. STAFF LEVELS	Each sedation requires at least 3 staff members. <ul style="list-style-type: none">Sedating PhysicianProcedural Physician/ ENPNurse		
5. LOCATION AND EQUIPMENT CHECK	Location: Procedure Room OR Resus Area Equipment: this equipment should be in the room at all times, turned on and functioning during the sedation period <ul style="list-style-type: none">suction device; bag/valve/mask for size of patient with correct maskoxygen available by mask (pre-oxygenate for 3 mins)Reversal agent availablemonitoring equipment (HR, RR, SaO₂, BP)access to resuscitation trolley with appropriate sized airway equipment		
6. "TIME OUT"	Both staff involved in the procedure will confirm the following: <ul style="list-style-type: none">the patient's identity checked by ID band or positive identification with parent/guardian or HCRconfirm or mark site (if applicable)procedure to be performed and appropriate sedation agent prescribed		
7. DETAILS OF RAMSAY SCALE	1 = Awake, anxious, agitated 2 = Awake, cooperative, orientated and tranquil 3 = Awake, responds to commands only 4 = Asleep, responds to brisk stimuli 5 = Asleep, sluggish response to stimuli 6 = Asleep, no response to stimulation (THIS IS AN UNDESIRABLE ENDPOINT IN THE ED)		
8. DISCHARGE CRITERIA	<ul style="list-style-type: none">Return to baseline/ pre-sedation level of consciousnessresumption of purposeful neuromuscular activityability to ambulate or sit without support (if appropriate)ability to verbalise (if appropriate)final set of vital signs within normal limitsability to tolerate oral fluids		