## Cork Emergency Departments Monitoring Chart for procedures performed under sedation

	— Date
PATIENT	Doct
DETAILS	Doct
LABEL	Nurs

Date:
Doctor performing sedation:
Doctor performing procedure:
Nurse present:

Two trained, signed off, practitioners must be present : one to perform safe sedation, a second for any procedures

Weight of patient:	Α	Anaesthetic problems:																				
Allergies:	N	Medications:																				
Last eat & drink (time):	Р	Past medical/surgical history:																				
Time(s)																						
IV Morphine dose																						
IV Midazolam dose																					<u> </u>	
Nitrous Oxide %																					<u> </u>	
Other drugs																					<u> </u>	
Conscious level (AVPU)																					<u></u>	
O <sub>2</sub> I/min																					<u></u>	
SpO <sub>2</sub> %																					<u> </u>	
ECG sinus / ectopics etc																						
Systolic BP ▼	200 190 180 170 160 150																					
Diastolic BP • Pulse .	140 130 120 110 100 90																					
Respiratory rate X	80 70 60 50 40 30 20																					
	10 5																					

The procedure was eventful /uneventful (delete as appropriate)

Discharge criteria met: Yes / No Signature

#### Checklist for nurses and doctors performing procedures under IV sedation

#### 1. Pre-procedure

- Discuss sedation procedure with the middle or senior grade doctor for "at risk" patients.
- Consider the use of nitrous oxide as an alternative to IV sedation.
- Consider giving morphine (0.1 mg/kg titrated to pain).
- Obtain written (or verbal witnessed x2) consent for procedure under sedation.
- Estimate patient weight.
- Move patient to resusc:
  - tipping trolley
  - suction available to hand
  - oropharyngeal airway to hand
  - bag valve mask to hand
- Cannulate patient.
- Preparation of drugs: Check and record observations prior to procedure
  - sedative in labelled syringe
  - analgesic in labelled syringe
  - antagonists naloxone and annexate immediately available

#### 2. During procedure

- Prophylactic supplementary O<sub>2</sub> for all patients (to maintain SpO<sub>2</sub> >95%)
- Complete observation chart.
- Give Midazolam note that during sedation communication must be achievable so that the patient will respond to commands throughout.
  - Adults
    - 2 mg (elderly 1 to 1.5 mg) over 30 seconds followed after two minutes by additional increments of 0.5 mg to 1 mg if sedation not adequate. Usual range 2.5 mg to 7.5 mg; and 1-2 mg in the elderly.
  - Children
    - Sedation of children (<16 years) should only be performed by a middle or senior grade doctor.

#### 3. Post procedure

- Minimum of 30 minute monitoring of post procedure.
- The patient should not leave resus/1:1 nursing until spontaneously alert **and** talking.
- Mobilise with aid initially.
- Discharge criteria
  - observations back to baseline or better than baseline
  - pain controlled
  - able to walk unaided
  - carer and patient understand verbal and written discharge advice.

<sup>\*\* &</sup>quot;At risk" patients include the elderly, the morbidly obese and those with concomitant medical disease including: cerebrovascular disease, heart disease, lung disease, renal disease, liver disease and jaundice, bleeding disorders, acute gastrointestinal bleeding, shock, anaemia and concomitant drug therapy.

### **Cork Emergency Departments**

# Discharge Instructions for Patients (advice for carers) who received sedation for a procedure

You have received a sedative which may impair your judgement over the next 24 hours, the doctor has advised the following:

- **Do** phone if you are worried CUH (021)4922416 Mercy (021)427197 SIVH (021)4926176
- Do rest
- Do not drink alcohol
- Do not drive a vehicle
- Do not operate machinery
- Do not sign any important documents

It is an offence to drive when unfit to do so because of drugs and will probably invalidate your insurance policy.

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