

Procedural Sedation Proforma for Adults- Emergency Department- QEHB

Doctor responsible for sedation:
 (ED Registrar or consultant competent in advanced airway skills and resuscitation)



Doctor responsible for procedure:

Named Nurse: Date Time

Indication

.....	Consent: Written / Best interests Please attach separate written consent form
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Risk Assessment - Increased risk if: cardiac or respiratory disease, or if >65 years

PMH [] Drugs & allergy [] ASA grade: I II III IV (if ASA ≥ 3, not suitable for sedation in ED)	Last oral intake LEMON assessment: Yes/NO. Potential AW difficulty: Yes / No (If yes, not for sedation in ED)
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Table 1. ASA Physical Status Classification.

- I. Healthy patient
- II. Mild systemic disease—no functional limitation
- III. Severe systemic disease—definite functional limitation
- IV. Severe systemic disease that is a constant threat to life
- V. Moribund patient not expected to survive without the operation

Drugs - (to be prescribed and signed on drug chart)

Sedative.....
 Analgesic.....
 Other.....

Monitoring - Pulse, BP, O2 saturation (on air), RR, GCS, single lead ECG – on a separate SEWS chart

Pre procedure obs documented: []	<u>Admitted</u> ()	<u>Discharged</u> :
Pre - oxygenation: []		Tolerable nausea []
Procedure duration..... minutes		Walk without support []
Post procedure observation.....minutes (Minimum 30 min)		Adequate analgesia []
		Obs and GCS normal for pt []
		Responsible adult at home []
		Discharge advice (inc. leaflet) []
		(no driving/alcohol/important decisions for 24 hours)

Procedure was: Uneventful / Problematic

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Its responsibility of Doctor in charge of sedation and named nurse to fill the form