

Adult Sedation in the Emergency Department



Date/Time:

Doctor performing procedure:

Doctor performing sedation:

Patient details:

Label:

Patient assessment

Weight in kg (see below).....

Past medical history.....

.....

.....

Regular medication.....

.....

Past anaesthetic history.....

ASA status (see adjacent box)

Last ate/ drank? (ideally 2h clear fluids/ 6h solids).....

.....

Airway assessment

Craniofacial deformity?.....

.....

Teeth/ dentures?.....

.....

Mouth opening? (>3cm = good)

.....

Jaw protrusion?.....

.....

Mallampati 1-4?.....

Weight convertor (approximate)

7 stone: 45kg	11 stone: 70kg	15 Stone: 95kg	19 stone: 121kg
8 stone: 51kg	12 stone: 76kg	16 stone: 102kg	20 stone: 127kg
9 stone: 57 kg	13 stone: 83kg	17 stone: 108kg	
10 stone: 64kg	14 stone: 89kg	18 stone: 114kg	

ASA Status

- 1 - normal healthy patient
- 2 - mild systemic disease
- 3 - severe systemic disease
- 4 - severe systemic disease (constant life threat)
- 5 - moribund

Pre-sedation checklist

Sedation leaflet provided (and read by patient) <input type="checkbox"/>	Full monitoring (RR/HR/spo2/BP/Etco2) <input type="checkbox"/>
Consent <input type="checkbox"/>	Adequate analgesia <input type="checkbox"/>
Senior doctor and nurse aware and happy to proceed <input type="checkbox"/>	Airway equipment and drugs checked <input type="checkbox"/>
2 senior doctors in the ED in case of emergency <input type="checkbox"/>	3 staff for sedation (Senior Dr, nurse, 2 nd practitioner) <input type="checkbox"/>
Consider pre-loading with Fluids <input type="checkbox"/>	Plan A and B if there are complications <input type="checkbox"/>

Notes

- Please see the clinical guidelines for specifics on individual sedative drugs
- Patients with an ASA grade >2 should only be sedated in the ED under exceptional circumstances (and should be discussed with the shop-floor senior)
- Is there an alternative in high risk patients? (regional block, nitrous mixer)

Drug used/ dose (see prescription chart).....

Time of administration

Time in minutes							
	0	5	10	15	20	25	30
Pulse							
BP							
RR							
SpO ₂ %							
Level of sedation*							

*Level of sedation: minimal/ moderate/ deep/ dissociative/ anaesthesia

<u>Adverse events</u>	
None	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Hypoxia	<input type="checkbox"/>
Hypotension	<input type="checkbox"/>
Aspiration	<input type="checkbox"/>
Death	<input type="checkbox"/>
Other (please detail)	<input type="checkbox"/>
.....	
.....	

<u>Interventions</u>	
None	<input type="checkbox"/>
Fluids	<input type="checkbox"/>
Pressors	<input type="checkbox"/>
Airway adjunct	<input type="checkbox"/>
Supraglottic airway	<input type="checkbox"/>
BMV	<input type="checkbox"/>
ETT	<input type="checkbox"/>
Other (please detail)	
.....	
.....	

<u>Post-procedure checklist</u>	
• Sedation and procedure recorded on HAS	<input type="checkbox"/>
• Patient fit for discharge? (baseline or better vital signs and GCS, no respiratory compromise and pain well controlled)	<input type="checkbox"/>
• 'Discharge after Sedation' leaflet provided	<input type="checkbox"/>

Consent form for procedural sedation



Date:
Doctor performing procedure:
Doctor performing sedation:

Patient details
Label

We are proposing to perform the following procedure:

.....

.....

The serious and/or common complications of this procedure are as follows:

.....

.....

.....

In order to perform this procedure it is recommended that you receive sedation so that the procedure can be tolerated. **The serious and/or common complications of sedation are as follows: low blood pressure (1.5%), low oxygen levels (4%) and inadequate breathing (1.2%), vomiting (1.6%), aspiration (0.125) and intubation (0.16%).**

Additional complications.....

Sedation and its possible complications are explained in the accompanying leaflet. Please tick that this has been given to the patient

Patient declaration:

I have read and understood the information above. I agree to the procedure under sedation as described on this form. I understand that any additional procedures will only be performed if necessary to save my life or prevent serious harm to my health. I understand that I can say no at any stage.

Signed..... PRINT..... Date.....

(If patient unable to sign, a witness should sign and clearly state "witness")

Doctor declaration:

I have explained the procedure to the patient and confirmed that they have no further questions

Signed..... PRINT..... Date.....

If informed consent is not possible, please document the reasons why below:

.....

.....

Sedation in the Emergency Department

This leaflet is available in large print and
other formats and languages.
Please contact: 01752 792511

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Author: Dr B Newstead



It has been decided to give you a sedative drug as part of your management in the Emergency Department. Sedation is usually given so that it is more comfortable for you to have a painful or unpleasant procedure done. Sedation will make you sleepy and less aware of what is happening for a short period of time. It is NOT the same as a full anaesthetic and you should recover very rapidly.

We use a number of different drugs to sedate patients and your doctor will be happy to discuss their choice with you if you wish.

The doctor giving the sedative drug will ask a number of questions to make sure it is safe to proceed. We will want to know when you last had something to eat and drink. **Please don't eat or drink anything whilst waiting.**

The sedation will take place in our resuscitation room so that you can be closely monitored. We will record your pulse, blood pressure and oxygen levels during the procedure. We will give you some extra oxygen before, during and after the procedure. We will place a small tube into one of your veins using a needle (an intravenous line) in order that we can give you the sedative drug.

There will be a minimum of 3 members of staff present – a doctor to give the sedation, another health professional to perform the procedure and a nurse to monitor you.

Sedation is considered to be a very safe procedure but there are a few complications you should be aware of. The following is a list of common and serious complications and how frequently they occur. Some medical terms are used but are explained below.

- **Low blood pressure** (1.5%) – we may need to give you fluids and medication to bring the blood pressure up
- **Low oxygen levels** (4%) and **temporarily stopping breathing** (1.2%) – additional oxygen is given throughout and we can assist with your breathing if needed
- **Vomiting** (1.6%)
- **Aspiration** (0.12%) – if you vomit whilst sleepy, there is a very small chance the vomit can enter the lungs which can cause serious breathing problems. Whenever possible we ensure you haven't eaten for 6 hours before we sedate you
- **Intubation** (0.16%) – very rarely we may need to put a tube into your airway to take over your breathing for you

We will be happy to answer any questions you might have. If you agree to being sedated we will ask you to sign a consent form giving us permission to proceed.

Discharge Following Sedation

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You have received a sedative drug whilst in the Emergency Department. This is usually given so that it is more comfortable for you to have a painful or unpleasant procedure done.

It is normal to have a short period of memory loss as a result of being given a sedative drug.

The vast majority of people have an uneventful recovery from sedation. The following are a list of suggested 'Do's and Don'ts' to help facilitate your recovery.

In the 24 hour period after being sedated:

DO:

- Rest
- Drink plenty of fluids and eat a light diet
- Ensure there is a responsible adult looking after you for 24 hours

DON'T:

- Drive a vehicle for 24 hours
- Operate machinery
- Drink alcohol
- Make any important decisions
- Care for any dependent adults or children without help

If you have any other concerns please contact the department for advice using the phone number on the **BACK** of this leaflet.