LOS ANGELES GENERAL MEDICAL CENTER MODERATE / DEEP SEDATION FLOW SHEET

MC 905 ATTACHMENT F

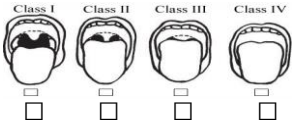
PRE-SEDATION HISTORY & PHYSICAL EXAMINATION (TO BE COMPLETED BY PHYSICIAN)			
☐ MALE ☐ FEMALE	AGE:	Wt (KG):	DATE:
ALLERGIES: ☐ None			
CHIEF COMPLAINT/PRESENT ILLNESS:			
PROCEDURE:			
REASON FOR PROCEDURE:			
Complications from Past Sedation/Analgesia: ☐ No ☐ Yes:			
Past Surgeries:			
MEDICATIONS:			

System Review	Past Medical History:				
Cardiovascular:	☐ None	☐ Angina	☐ MI	☐ Hypertension	☐ Other:
Pulmonary:	☐ None	☐ Respiratory Disease	☐ Recent URI	☐ Sleep Apnea	☐ Other:
CNS:	☐ None	☐ Neurological d/o	☐ Other:		
GI/Hepatic	☐ None	☐ GERD	☐ Hepatitis/ Liver d/o	☐ Other:	
Endocrine:	☐ None	☐ Diabetes	☐ Thyroid Disease	☐ Other:	
Renal:	☐ None	☐ Renal Disease	☐ Other:		
Hematology	☐ None	☐ Bleeding d/o	☐ Other:		
Musculoskeletal	☐ None	☐ Arthritis	☐ Other:		
Psychiatric	☐ None	☐ Psych D/O	☐ Other:		
Social	☐ None	☐ ETOH Abuse	☐ Drug Use Hx.	☐ Tobacco Use:	☐ Other:
Comments:					

PHYSICAL EXAM	Time:	BP	HR	RR	Temp	Sa02	Pain Score:

Mental Status (circle): **A V P U** **A** = Alert and Oriented, **V** = Verbal Stimuli with or without tactile stimuli, **P** = Painful Stimuli, **U** = Unresponsive to Painful Stimuli

AIRWAY ASSESSMENT: (Examined upright, head neutral, maximal opening, maximal tongue protrusion) – CHECK APPROPIATE BOX



☐ ☐ ☐ ☐

NECK ROM:	☐ Normal	☐ Limited			
MOUTH OPENING:	☐ Normal	☐ Limited	☐ Other:		
TEETH:	☐ Intact	☐ Artificial	☐ Caries	☐ Loose	☐ Missing
TONGUE	☐ Normal	☐ Large			

HEART:	☐ Regular Rate/Rhythm	☐ Other:
LUNGS:	☐ Clear	☐ Other:
ABDOMEN:	☐ Soft / Non-Tender	☐ Other:
NEUROLOGIC:	☐ Non-focal	☐ Other:
Comments:		

Pertinent Labs:			
Diagnosis:			
ASA Classification**:** ☐ 1 Normal / ☐ 2 Mild Systemic / ☐ 3 Severe Systemic / ☐ 4 Severe Systemic – Critical / ☐ 5 Moribund / ☐ Emergency			
Physician's name/signature:	ID#	Attending Name:	Date / Time:

Patient Name, MRUN, Ward

Init.	Signature	Print Name & Title

LOS ANGELES GENERAL MEDICAL CENTER MODERATE / DEEP SEDATION FLOW SHEET

MC 905 ATTACHMENT F

Patient Name, MRUN, Ward

LOS ANGELES GENERAL MEDICAL CENTER MODERATE / DEEP SEDATION FLOW SHEET

MC 905 ATTACHMENT F

IMMEDIATE PRE-SEDATION EVALUATION (TO BE COMPLETED BY PHYSICIAN/CRNA)								
Procedure Planned:			Name of Physician(s) Performing Procedure:					
Assessment includes Review of Pertinent Laboratory findings prior to administration of sedation?: ☐ YES ☐ NO								
Pregnant? ☐ Yes ☐ No ☐ Unknown			NPO: ☐ Yes ☐ No Last solid/liquid intake:					
Type of Medication Planned: ☐ Moderate ☐ Deep								
Physician's name/signature:	ID#	Attending Name:	Date / Time:					
IMMEDIATE PRE-SEDATION EVALUATION (TO BE COMPLETED BY RN/CRNA)								
Consent Signed: ☐ Yes ☐ No		"Time out" performed: ☐ Yes @ _____ ☐ No						
IV: Site:_____ Size/Gauge: _____		Type of Fluid/ Rate:						
Baseline Vital Signs	Time:	BP	HR	RR	Temp	Sa02	Pain Score:	Mental Status: A V P U (circle)

CONTINUOUS SEDATION MONITORING (TO BE COMPLETED BY RN)	**Procedure Start Time:**
	Procedure End Time:
	MEDICATIONS

Procedure

Time	**BP**	**Pulse**	**RR**	**EKG**	**Temp**	**O2 (L/min)**	**Sa02**	**ETC02**	**Pain Scale**	**Pain Score**	**Mental Status**	**Drug**	**Dose**	**Route**	**Initials**

Physician Signature: _____ID #_____Date/Time_____

RN Signature:_____Date/Time_____

Time	**Notes**	**Initials**

Patient Name, MRUN, Ward

Init.	Signature	Print Name & Title

LOS ANGELES GENERAL MEDICAL CENTER MODERATE / DEEP SEDATION FLOW SHEET

MC 905 ATTACHMENT F

POST SEDATION VITAL SIGNS (TO BE COMPLETED BY RN)

Recovery Start Time:

Recovery End Time:

MEDICATIONS

Recovery

Time	BP	Pulse	RR	EKG	Temp	O2 (L/min)	Sa02	ETC02	Pain Scale	Aldrete Score	Mental Status	Drug	Dose	Route	Initials

Post – Recovery Data **Initials**

Gag Reflex Present: ☐ Yes ☐ No*
Airway Obstructed: ☐ Yes* ☐ No
Need for Suctioning: ☐ Yes* ☐ No

* Notify physician immediately

Legends:

Mental Status: **A** = Alert and Oriented, **V** = Responds to Verbal Stimuli with or without light tactile stimulation, **P** = Responds to Painful Stimuli, **U** = Unresponsive to Painful Stimuli

Pain Scale: **P** = Numerical Scale (0-10), **W** = Wong Baker, **F** = FLACC, **N** = NIPS

EKG Rhythm: **NSR**= Normal Sinus Rhythm, **SB** = Sinus Bradycardia, **ST** = Sinus Tachycardia, **SVT** = Supraventricular Tachycardia, **PVC** = Premature Ventricular Contraction, **ATF** = Atrial Flutter, **AFIB** = Atrial Fibrillation, **PR** = Paced Rhythm

Patient Status at Time of Discharge:

- ☐ Pre-Sedation level of consciousness
- ☐ Ambulatory (with or without assistance)
- ☐ Able to void without difficulty
- ☐ Able to take oral fluids (or alternate route established
- ☐
- ☐ Minimal or no nausea / vomiting
- ☐ Minimal or no dizziness
- ☐ Pain adequately controlled (<4 on a scale 1 – 10)
- ☐ Aldrete Score of 10 (if < 10, consult with physician)

Discharge Home Checklist:

- ☐ Written order for discharge by physician / dentist
- ☐ Aftercare instructions given, to include:
  - ☐ How to assess emergency care/phone numbers
  - ☐ Follow-up appointments
  - ☐ Activity limitations/any restrictions
  - ☐ Verbalizes understanding of instructions
- ☐ Discharged to care of escort/responsible adult

ALDRETE Post Anesthesia Recovery Score

Criteria	Definitions	Score
Activity	2 - Able to move 4 extremities 1 - Able to move 2 extremities 0 - Able to move 0 extremities	
Respiration	2 - Able to deep breath/cough 1 - Dyspnea or limited breathing 0 - Apneic	
Cardiovascular	2 - BP + 20% pre-anesthetic level 1 - BP + 20-50% pre-anesthetic level 0 - BP + 50% pre-anesthetic level	
Color	2 - Pink or normal 1 - Pale or dusky 0 – Cyanotic	
Patient Response	2 – for < 1 year old – strong cry 2 – for > 1 < 3 years old – awake, verbally responsive, and strong cry 2 – for >3 years (including adults) - Fully awake 1 - Arousable on calling 0 - Not responding	
TOTAL SCORE (if less than 10, consult with physician)		

Disposition/Time: ☐ Admitted _____ ☐ Discharged:_____ ☐ Returned to Ward:_____

Name: _____ ID #_____**:** Date/Time:_____

Print **Signature** **Title**

Patient Name, MRUN, Ward

LOS ANGELES GENERAL MEDICAL CENTER MODERATE / DEEP SEDATION FLOW SHEET

MC 905 ATTACHMENT F

Init.	Signature	Print Name & Title

Patient Name, MRUN, Ward