

Conscious Sedation/Procedure Form (NUR-022B) MANGUM REGIONAL MEDICAL CENTER

Section I NURSING ASSESSMENT:

Date: ____/____/____ Time: _____ CODE STATUS: Full DNR ID Band Checked: Yes No

Patient Name: _____ Gender: M F Age: ____ DOB: ____/____/____

Allergies/Type of Reaction:

Allergen	Type of Reaction	Allergen	Type of Reaction

Current Medications:

Previous Reaction to Sedation: Yes No Unknown If yes, explain: _____

Height: ____ inches Weight: ____ kilograms IV: Site: ____ Gauge: ____ Fluid: _____ Rate: _____

Time of last PO food intake: _____ Time of last fluid intake: _____

Nursing Pre-Assessment

Neuro	Cardio	Resp	GI/Urinary	MS	Skin	Limitations
<input type="checkbox"/> Alert/Oriented	<input type="checkbox"/> HR Reg	<input type="checkbox"/> Normal	<input type="checkbox"/> Abd Soft/NT	<input type="checkbox"/> Freely Moves UE x2	<input type="checkbox"/> Warm	<input type="checkbox"/> None
<input type="checkbox"/> Calm/Relaxed	<input type="checkbox"/> HR Irreg	<input type="checkbox"/> Dyspnea	<input type="checkbox"/> Abd Distended	<input type="checkbox"/> Freely Moves LE x2	<input type="checkbox"/> Dry	<input type="checkbox"/> Auditory
<input type="checkbox"/> Follows Commands	<input type="checkbox"/> Murmur	<input type="checkbox"/> Tachypnea	<input type="checkbox"/> Abd Tender	<input type="checkbox"/> Ambulates W/O Assist	<input type="checkbox"/> Pale	<input type="checkbox"/> Visual
<input type="checkbox"/> Restless/Agitated	<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Bradypnea	<input type="checkbox"/> BS Present	<input type="checkbox"/> Ambulates With Assist	<input type="checkbox"/> Diaphoretic	<input type="checkbox"/> ROM
<input type="checkbox"/> Lethargic	<input type="checkbox"/> Edema	<input type="checkbox"/> O2@ LPM/NC	<input type="checkbox"/> Continent	<input type="checkbox"/> Ambulates with Device	<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Language
<input type="checkbox"/> Confused	<input type="checkbox"/> Tachycardia		<input type="checkbox"/> Incontinent	<input type="checkbox"/> Weak	<input type="checkbox"/> Rash	
<input type="checkbox"/> Anxious	<input type="checkbox"/> Bradycardia		<input type="checkbox"/> Other:			
<input type="checkbox"/> Other:						

Narrative Notes:

Assessment Reviewed With Provider: Yes No

Nurse Signature: _____ Date: ____/____/____ Time: _____

Section II MEDICAL PROVIDER ASSESSMENT:

Date: ____/____/____ Time: _____

Patient History:

<input type="checkbox"/> HTN	<input type="checkbox"/> DM I	<input type="checkbox"/> DM II	<input type="checkbox"/> CAD	<input type="checkbox"/> Renal Disease	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> COPD	<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Disease
<input type="checkbox"/> Cancer	<input type="checkbox"/> Mental DO	<input type="checkbox"/> Autoimmune Disease	<input type="checkbox"/> Lupus	<input type="checkbox"/> DVT	<input type="checkbox"/> Hematologic DO	<input type="checkbox"/> Inf. Disease	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Stroke
<input type="checkbox"/> Pregnant	<input type="checkbox"/> MI	<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> ETOH Abuse	<input type="checkbox"/> CHF	<input type="checkbox"/> CVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chief Complaint: _____

Physical Exam:

Neuro	
Cardiovascular	
Respiratory	
MS	
Genitourinary	
Skin	
Other Findings	

Procedure: _____

Indication for Procedure: _____

Sedation Required: Yes No Sedation Medication: _____

Previous Reaction to Sedation: Yes No Unknown If yes, explain: _____

Medication Review Review of patient’s sedation history Sedation Plan: Minimal Moderate

ADULT ASA Physical Status	Description of Status	PEDIATRIC ASA Physical Status	Description of Status
<input type="checkbox"/> P1	Normal healthy patient	<input type="checkbox"/> P1	Normal healthy child
<input type="checkbox"/> P2	Patient with mild systemic disease	<input type="checkbox"/> P2	Child with mild systemic disease
<input type="checkbox"/> P3	Patient with severe systemic disease	<input type="checkbox"/> P3	Child with severe systemic disease
<input type="checkbox"/> P4	Patient with severe systemic disease that is constant threat to life	<input type="checkbox"/> P4	Child with severe systemic disease that is constant threat to life
<input type="checkbox"/> P5	Moribund patient not expected to survive w/o procedure	<input type="checkbox"/> P5	Moribund child not expected to survive w/o procedure
<input type="checkbox"/> P6	Patient declared brain dead whose organs are being removed for donor purposes	<input type="checkbox"/> P6	Child declared brain dead whose organs are being removed for donor purposes

Medical Provider Signature: _____

Date: ____/____/____ Time: _____

Section III PRE-PROCEDURE

<p>ACTIVE TIME OUT Verification of 2 Patient Identifiers <input type="checkbox"/> Patient ID verified <input type="checkbox"/> Date of Birth Verified <input type="checkbox"/> Medical Record # Verified <input type="checkbox"/> Other <input type="checkbox"/> ID Verified with Patient/Patient Representative <input type="checkbox"/> Verified Type and Site of Procedure as Applicable with Patient/Patient Representative</p>	<p><i>Verified by Primary Care Nurse (Signature of Nurse)</i></p>	<p><i>Verified by 2nd Nurse & Medical Provider (Signature of Nurse/Medical Provider)</i></p>
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Procedure: _____

Medical Provider Verification Signature: _____

Mark Site: _____

Verified by (Signature):

Primary Care Nurse: _____

Nurse: _____

Medical Provider: _____

PRE-PROCEDURE ALDRETE SCORE

Activity (A)	Respirations (R)	Circulation (CR)	Consciousness (LOC)	Oxygenation (OX)	Criteria	Score
2 Voluntarily moves all 4 extremities	2 Able to breath deep/cough on command	2 BP & HR within 20% of pre-sedation level or asymptomatic alteration	2 Fully awake	2 Sats > 92%	Activity	
1 Voluntarily moves 2 extremities	1 Limited breathing, Dyspnea	1 BP & HR within 20%-50% of pre-sedation level or mildly symptomatic (fluid bolus or dopamine < 10mcg/kg/min for heart failure patients)	1 Arousable to verbal stimuli	1 Needs O2 to maintain O2	Respiration	
0 No voluntary extremity movements	0 Apnea or requires airway support	0 BP & HR > 50% of pre-sedation level or dopamine > 10mcg/kg/min for heart failure patients	0 Unresponsive	0 Sats < 90%	Circulation	
<i>If score less than 8; continue monitoring and re-evaluate every 15 minutes.</i>					Consciousness	
<i>If score greater than 8; DC monitoring and transfer or discharge when stability criteria met</i>					Oxygenation	
					Total	

PRE-PROCEDURE BASELINE VITAL SIGNS

TIME	EKG RHYTHM	TEMP	PULSE	RESP	BP	O2 SATS	SIGNATURE OF NURSE

PRE-PROCEDURE PAIN RATING

- Numeric Pain Score (NPS):** _____
- Non-Communicative Pain Scale (NCPS):** _____

- 0**=sleeping
- 2**=grimacing with movement
- 4**=moaning with movement
- 6**=restless
- 8**=constant moaning without stimuli
- 10**=grimacing with constant moaning without stimuli

Section IV SEDATION ADMINISTRATION

Medication Administered	Date	Time	Route	Dosage	Signature of Medication Administrator

Monitor VS & Aldrete Score Every 5 minutes until end of sedation administration

VITAL SIGNS							ALDRETE SCORE						PAIN		NURSE INITIALS
TIME	EKG RHYTHM	TEMP	PULSE	RESP	BP	O2 SATS	A	R	CR	LOC	OX	SCORE	0-10 SCALE	NON-COMM	

Other Interventions

- O2 at _____ LPN via NC FACE MASK Time: _____
- Other: _____ Time: _____
- Other: _____ Time: _____
- Other: _____ Time: _____
- Other: _____ Time: _____

Section V INTRA-PROCEDURE MONITORING

Monitor VS & Aldrete Score Every 5 minutes until end of procedure

VITAL SIGNS							ALDRETE SCORE						PAIN		NURSE INITIALS
TIME	EKG RHYTHM	TEMP	PULSE	RESP	BP	O2 SATS	A	R	CR	LOC	OX	SCORE	0-10 SCALE	NON-COMM	

Other Interventions

- O2 at _____ LPN via NC FACE MASK Time: _____
- Other: _____ Time: _____
- Other: _____ Time: _____
- Other: _____ Time: _____
- Other: _____ Time: _____

Section VI POST-PROCEDRE MONITORING

Monitor VS every 15 minutes until stable; stable VS include:

- O2 sats > 90% on room air
- Patient easily arousable, or as prior to procedure
- Intact protective reflexes (cough/gag reflex)
- Patient alert, oriented to person, place, time, or as prior to procedure
- Able to ambulate as able prior to procedure
- Vital signs are stable
- Aldrete score returns to pre-sedation level

VITAL SIGNS							ALDRETE SCORE						PAIN		NURSE INITIALS
TIME	EKG RHYTHM	TEMP	PULSE	RESP	BP	O2 SATS	A	R	CR	LOC	OX	SCORE	0-10 SCALE	NON-COMM	

Other Interventions

- O2 at _____ LPN via NC FACE MASK Time: _____
- Other: _____ Time: _____

Other: _____ Time: _____
 Other: _____ Time: _____
 Other: _____ Time: _____

Narrative Notes:

Complications/adverse event Yes No If yes; Describe complication/adverse event:

Assessment Reviewed With Provider: Yes No

Nurse Signature: _____ Date: ____/____/____ Time: _____

Patient meets the following criteria for routine care or discharge (check each box as applicable):

- O2 sats > 90% on room air
- Patient easily arousable, or as prior to procedure
- Intact protective reflexes (cough/gag reflex)
- Patient alert, oriented to person, place, time, or as prior to procedure
- Patient out of bed 30 minutes prior to discharge
- Able to void
- Able to retain oral fluids
- Able to ambulate as able prior to procedure
- Vital signs are stable
- Aldrete score returns to pre-sedation level
- No complications or adverse event associated with procedure

Discharge VS:

VITAL SIGNS							ALDRETE SCORE						PAIN		NURSE INITIALS
TIME	EKG RHYTHM	TEMP	PULSE	RESP	BP	O2 SATS	A	R	CR	LOC	OX	SCORE	0-10 SCALE	NON-COMM	

Discharge:

- Discharge instructions reviewed with patient and/or family by Registered Nurse
- Copy of discharge instructions provided to patient and/or family by Registered Nurse

Patient discharged at time: _____ date: ____/____/____

Patient discharge disposition: _____

Patient escorted by: _____

Nurse Signature: _____ Date: ____/____/____ Time: _____