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

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)

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: [ ] Admitted ( ) Discharged:

Pre – oxygenation: [ ]

Procedure duration .............. minutes

Post procedure observation .......... minutes
(Minimum 30 min)

Tolerable nausea [ ]

Walk without support [ ]

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

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