



Sedation Checklist

Name:	Affix label here
DOB/CHI:	
Address:	

Date: _____ Time: _____

Procedure clinician: _____ **Airway clinician:** _____

Procedure: _____

Planned Sedation depth: minimal moderate deep dissociative

Patient assessment:

Age: _____ Weight: _____

Comorbidities: IHD COPD/Asthma Obese Hypertension Psychosis

Other _____

Medications:

Allergies:

Intoxication: Alcohol Drugs

Fasting: Diet _____ hrs Fluids _____ hrs Reflux: yes no

Previous GA: yes no Complications:

Assess risk:

ASA score		Airway	
ASA I	Normal, healthy patient	Look	Beard, edentulous, obesity, trauma, cachexia
ASA II	Mild systemic disease	Evaluate	3:3:2: Mouth opening, thyromental distance,
ASA III	Severe systemic disease	Mallampati	I II III IV
ASA IV	Severe systemic disease that is a constant threat to life	Obstruction	Trauma, foreign body, obesity, front of neck
ASA V	Moribund patient	Neck	Immobilised, Ankylosing spondylitis, Rheumatoid

Difficult airway: no concern some concerns significant concerns

Consent:

- Treated under common law (emergency)
- Incapacitated
- Verbal consent obtained

Name:	Affix label here
DOB/CHI:	
Address:	

Procedure: _____

Specific risks/complications _____

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure, and any extra procedures which may result from the procedure above.

Practitioner signature _____ Name _____ Date _____

I understand the procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named above. Examination for the purpose of teaching will not be undertaken without my consent. I agree to the above named procedure.

Patient/guardian signature _____ Name _____ Date _____

Monitoring: SpO2 NIBP ETCO2 ECG RR

Emergency sedation has risk and therefore requires a similar level of care as general anaesthesia. This should only be done in the Resusc room with two clinicians present.

Drug	Dose	Route	Time

Discharge:

- Alert and mobilising safely
- Discharge analgesia
- Accompanying adult
- Advice sheet
- Follow-up organised
- TRAK sedation questionnaire completed

Name _____ **Date** _____ **Signature:** _____

Version 2.1 Adapted from RCEM Best Practice Guideline: Pharmacological Agents for Procedural Sedation and Analgesia in the Emergency Department, May 2016. Created by NM September 2017 Review August 2019.