



MODERATE SEDATION MANAGEMENT RECORD

Patient/Resident Label

PRE-PROCEDURE MONITORING

Date: _____; Diagnosis: _____
 Allergies: NKA or _____
 Location of procedure: E.D.; CCU; CCL/Radiology; Endoscopy Unit; O.R.; PACU.
 Procedure: _____ Physician: _____ ASA score: 1; 2; 3; 4; 5; E
 H&P and Consent in the medical record. Patient NPO since: _____ hours.
 LOC: _____ (Codes: A/O=Awake/Oriented, C=Confused, L=Lethargic, D=Drowsy, U=Unconscious)
 Pre-procedure instructions given. Skin temperature: _____ (Cool, Moist, Dry, Warm). Skin color: _____
 I.V.(s): _____ Site: _____
 Pain score (0-10): _____
Baseline Vital Signs:
 Blood Pressure: _____; Pulse Rate: _____; Cardiac Rhythm Interpretation: _____
 Respiratory Rate: _____; SpO₂: _____
 Other Notes: _____

Signature of RN: _____

INTRA-PROCEDURE MONITORING

Sedation Start Time: _____ hours; Procedure Start Time: _____ hours; Procedure End Time: _____ hours
 Pain score (0-10): _____

TIME	MEDICATION	DOSE	ROUTE	SIGNATURE OF PRACTITIONER ADMINISTERING	PATIENT RESPONSE

VITAL SIGNS (Required every 5 minutes during this phase)

TIME	BLOOD PRESSURE	PULSE RATE	CARDIAC RHYTHM	RESP RATE	SpO ₂	LOC

Other Notes: _____

Signature of RN: _____

POST-PROCEDURE MONITORING

TIME	BLOOD PRESSURE	PULSE RATE	CARDIAC RHYTHM	RESP RATE	SpO ₂	LOC

Other Notes: _____

Signature of RN: _____

Vital Signs (Required every 15 minutes, for a minimum of 1 hour, until discharge criteria are met)

TIME	MEDICATION	DOSE	ROUTE	SIGNATURE OF PRACTITIONER ADMINISTERING	PATIENT RESPONSE

DISCHARGE CRITERIA

MODIFIED ALDRETE SCORING SYSTEM		ADDITIONAL CRITERIA
ELEMENT	SCORE	
Activity:		Demonstrates that motor/sensory function intact, e.g., enough motor strength to change position in bed and sufficient sensory function to prevent possible injury.
Able to move 4 extremities	2	
Able to move 2 extremities	1	
Not able to control any extremities	0	Demonstrates level of pain, nausea or vomiting at acceptable level, e.g., most minimal level of pain _____ and minimal level of nausea.
Respirations:		
Able to breathe deeply and cough	2	
Limited respiratory effort (dyspnea)	1	For Endoscopy patients only: Demonstrates expelling flatus and abdomen soft.
No spontaneous respiratory effort	0	
Circulation:		
BP +/- 20% pre-sedation level	2	DISCHARGE CRITERIA MET
BP +/- 20-50% pre-sedation level	1	
BP +/- 50% pre-sedation level	0	
		ADDITIONAL NOTES
Consciousness:		
Fully alert and able to answer questions	2	
Arousable	1	
Failure to elicit response	0	
Oxygen Saturation:		
SpO ₂ > 92% on room air	2	
Needs oxygen to maintain SpO ₂ > 90%	1	
SpO ₂ < 90% with oxygen	0	
TOTAL:		

Any patient who does not meet the above **DISCHARGE CRITERIA** and who exhibits any untoward reaction including but not limited to: respiratory insufficiency, hypoxemia, hypotension/hypertension, bradycardia/tachycardia, adverse reactions such as rash, use of reversal agent, during or after must be evaluated by the anesthesiologist and/or non-anesthesiologist performing the procedure. In this case the Untoward Reaction box should be checked.

„ **Untoward Reaction; patient evaluated and discharge order received.**

If transferred to another area verbal report given to nurse caring for patient in that unit: _____

Transported to: _____; Via: Stretcher; Wheelchair. Time: _____ hours

Signature of RN Discharging Patient: _____

