

Appendix 2:

Pre-Sedation Checklist

(to be used in conjunction with procedural sedation SOP)

Affix patient label

- Identification of personnel (name/specialty/grade)

Sedationist: _____

Operator: _____

Assistant: _____

STOP – this checklist should be completed by the Sedation Team (sedationist, Operator, Assistant) as a means of aiding communication around the forthcoming sedation event.

- Equipment checked, available, and in working order
- AMPLE history & Examination recorded in patient notes. ECG if required
- Fasting status & aspiration risk assessed
- ASA status determined (*ASA III or above should be discussed with ED consultant or Anaesthetic registrar*)
- Airway assessment (LEMON) performed (*if a difficult airway or difficulty maintaining oxygenation is predicted, this should be discussed with the ED consultant or Anaesthetic registrar*)
- No contraindications to procedural sedation exist
- Consent form signed for sedation & procedure
- IV cannula in situ, flushed, working and attached to a slowly running IV infusion
- Patient receiving oxygen via oxygen mask with gas sampling line and capnography in situ
- Pre-sedation observations documented (weight, BM, Temp, GCS, HR, BP, RR) and recorded on the ED front sheet & patient track
- Relevant drugs prepared and appropriate doses calculated
- Antagonist drugs immediately available

Affix patient label

Appendix 3:**Post sedation checklist**

- Drug doses given documented on ED front sheet
- Intra-procedure observations recorded on patient track
- Cannula flushed to ensure there are no remaining sedative drugs within the giving set or cannula
- Discharge criteria are met:
 1. Observations within normal limits for that patient (HR, BP, RR, Sats & GCS)
 2. Patient is ambulant, appropriate to their pre-procedure state
 3. Patient does not feel nauseous, dizzy or light headed
 4. Patient has tolerated oral fluids in the department
 5. Patient is pain free and has a pain management plan in place for discharge
- Post sedation advice sheet given
<http://www.uhdb.nhs.uk/download.cfm?doc=docm93jjm4n1514.pdf&ver=4724>
- Advice explained to patient and the patient's responsible third party, who needs to stay with them for the next 12 hours
- IR1 filled in if occurrence on an adverse event. Adverse events could include:
 - Failed sedation episode
 - Episodes of apnoea, desaturation or airway obstruction
 - Episodes of hypo or hypertension
 - Aspiration, wretching or vomiting
 - Use of antagonist drugs
 - Equipment Failure