REGISTRY OF EMERGENCY PROCEDURAL SEDATION
Please refer to the accompanying guidelines and definitions when completing this form

*** Please DO NOT send this form with patient to ward ***

Patient Information

Name

ED Number   *[Attach Patient Label]*

Sex

Date of Birth

Hospital Number

Date / Time of arrival to ED	DD | MM | YY	24 : 00
Admitted to procedure room	DD | MM | YY	24 : 00

Pre-Assessment

ASA Grade ☐

Code:
1. no systemic disease
2. mild systemic disease, does not limit activities
3. severe systemic disease, limits daily activities
4. severe systemic disease, constant threat to life
5. moribund, unlikely to survive without operation

(*Modified from American Society of Anaesthesiologists Physical Status classification system*)

Last ate / drank   DD \| MM \| YY   24 : 00

Diagnosis ☐

Code:
1. Shoulder # / Dislocation
2. Ankle # / Dislocation
3. Hip # / Dislocation
4. Elbow # / Dislocation
5. Wrist # / Dislocation
6. TMJ # / Dislocation
7. Patella # / Dislocation
8. Other e.g. cardioversion, chest drain placement
Please specify:

Doctor 1: Providing sedation

Surname

Grade

Specialty

Doctor 2 / ENP: Manipulating / performing procedure

Surname

Grade

Specialty

Seniority of Supervising Nurse

Grade 5 ☐

Grade 6' ☐

Grade 7 ☐

Agent 1:			Agent 2 :			Agent 3: *remember inhaled agent *		
Time **first dose** administered	24	00	Time **first dose** administered	24	00	Time **first dose** administered	24	00
Time **final dose** administered	24	00	Time **final dose** administered	24	00	Time **final dose** administered	24	00
Dose for procedure			Dose for procedure			Dose for procedure		
Dose from SAS and/or triage			Dose from SAS and/or triage			Dose from SAS and/or triage		

Procedure Notes

Procedure successful   Y ☐   N ☐

Number of procedural attempts required   1 ☐   2 ☐   > 2 ☐

Maximum level of sedation achieved (1 – 5)   ☐
Code   1   Alert
      2   Minimal sedation – normal response to verbal commands
      3   Conscious sedation – purposeful response to verbal commands
      4   Deep sedation – purposeful response on painful stimulus only
      5   General Anaesthesia
(*Score from American Society of Anaesthesiologists*)

Complications requiring intervention at time of procedure: Y ☐   N ☐
If yes, please specify:

    Desaturation *requiring intervention*   ☐

    Apnoea *requiring assisted ventilation*   ☐

    Airway obstruction   ☐

    Laryngospasm   ☐

    Hypotension *sBP <90 requiring fluid / inotrope support*   ☐

    Vomiting   ☐

    Aspiration   ☐

    Cardiac arrest   ☐

    Other -   ☐
       Please specify: [_____]

Sedation reversal agent(s) used?   Naloxone ☐   Flumazenil ☐

Nursing Staff to complete

Date and time of discharge from procedure room   DD | MM | YY   24 : 00

Time of discharge from department   DD | MM | YY   24 : 00

Admission (internal)   ☐   **Discharge**   ☐
Admission (to other hospital) ☐   **Other**   ☐
       (Please specify): [_____]

Further comments on sedation

	Print Name: _____
	Date: _____

*** ONCE COMPLETE PLEASE RETURN TO GREEN REPS BOX IN EMERGENCY DEPT ***

Registry of Emergency Procedural Sedation – Form v3.1   04/10/2011