



MR180/O



Emergency

UR NUMBER

SURNAME

GIVEN NAME(S)

DATE OF BIRTH

AFFIX PATIENT LABEL HERE ↑

MR180/O

Record of sedation for procedure in the Emergency Department

This is not a medication order. Use this form for procedural sedation with oral, IV, IM, inhaled agents

Date: ___ / ___ / ___ Time: _____ Type of procedure: _____

() * Number corresponds to the information provided on the reverse		
Prior to sedation		
Risk assessment and exclusion criteria checked (1)*	Yes	<input type="checkbox"/>
List if any:		
If Emergency Department consultant informed, name of ED consultant:		
Prepare patient/parents		
Fasted from (2)* _____ (solids) _____ (liquids)		
Sedation handout discussed with patient / parent	Yes	<input type="checkbox"/>
Informed written consent obtained: <input type="checkbox"/> indications discussed <input type="checkbox"/> possible adverse events discussed	Yes	<input type="checkbox"/>
Adequate staff available (3)*	Yes	<input type="checkbox"/>
Baseline observations (Sedation Score, HR, RR, SpO ₂) performed immediately prior to administering sedation (BP for Ketamine)	Yes	<input type="checkbox"/>
Sedation agent prescribed on Medication Chart	Yes	<input type="checkbox"/>
Weight and allergies documented on medication chart	Yes	<input type="checkbox"/>
Non-pharmacological techniques planned (e.g. distraction box)	Yes	No <input type="checkbox"/>
Other analgesic / sedative agents administered. If yes, specify _____	Yes	No <input type="checkbox"/>
Prepare venue		
Equipment is present and functioning: procedure equipment, emergency equipment (4)*	Yes	<input type="checkbox"/>
'Time Out' or 'Positive Patient Identification' (5)* please tick box below	Yes	<input type="checkbox"/>
All sections should be completed prior to the patient proceeding to the 'sedation period'.		
During sedation period		
Drugs administered by accredited staff member	Yes	<input type="checkbox"/>
Vital signs/Sedation Score documented every 5 minutes	Yes	<input type="checkbox"/>
Post-procedure		
Patient returned to baseline Sedation Score	Yes	<input type="checkbox"/>
Observation within normal limits	Yes	<input type="checkbox"/>
Discharge criteria met (7)*	Yes	<input type="checkbox"/>
Post-sedation care discussed (Sedation handout) (N.B. safety and injury prevention highlighted)	Yes	<input type="checkbox"/>
Summary of sedation episode (please tick)		
Sedation used: <input type="checkbox"/> nitrous oxide <input type="checkbox"/> ketamine IM <input type="checkbox"/> ketamine IV <input type="checkbox"/> midazolam oral <input type="checkbox"/> other, specify _____		
Total dose: _____ mg OR N ₂ O _____ % for _____ minutes		
Deepest level of sedation: _____ (indicate UMSS score) (6)*		
Side effects/adverse events: <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____		
Staff member identification (Print name, sign, designation for each entry)		Time Out completed by: (5)* Tick box by staff member listed
Sedation accredited staff member:		<input type="checkbox"/>
Sedation accredited staff member:		<input type="checkbox"/>
Handed over to:		

1. Risk assessment	If any child meets the risk assessment criteria OR if you have reservations, contact the Emergency Department consultant for further discussion before using a sedation agent.		
	Significant risk of delayed gastric emptying or vomiting e.g. bowel obstruction, gastro-oesophageal reflux		
	Significant respiratory disease e.g. upper airway obstruction, airway infection, apnoea, exacerbation of asthma, pneumonia		
	Significant cardiovascular impairment e.g. pulmonary hypertension, cardiomyopathy, hypovolemia		
	Abnormal conscious state/risk of raised ICP e.g. head injury, meningitis, space occupying lesion		
	Acute systemic infection e.g. sepsis		
	Immunosuppression e.g. post-op transplant, neutropenia		
	Significant liver disease / liver failure e.g. biliary atresia		
	Prior adverse event		
	Prior allergic reaction		
	Patient receiving opioids or other sedative agents		
	Age less than or equal to 2 years		
Exclusion criteria	Nitrous Oxide <ul style="list-style-type: none"> • Lung cyst • Bowel obstruction • Middle ear disease • Pneumothorax • Head injury 	<ul style="list-style-type: none"> • B12 folate deficiency • Abnormal homocysteine metabolism 	Ketamine <ul style="list-style-type: none"> • < 1 year or > 12 years • Glaucoma • Head injury, CNS lesion, epilepsy • ADHD, psychosis
2. Fasting times	Nitrous Oxide 2 hours solids and liquids	Oral agents 2 hours solids and liquids	Ketamine 4 hours solids or milk 2 hours clear liquids
3. Staff levels	2 staff required 1 accredited	2 staff required 1 accredited	3 staff required 2 accredited
4. Location and equipment check	Location: nitrous oxide in treatment rooms, ketamine in resuscitation rooms Equipment: this equipment should be in the room at all times, turned on and functioning during the sedation period <ul style="list-style-type: none"> • suction device • bag/valve/mask for size of patient with correct mask • Oxygen available by mask • monitoring equipment (HR, RR, SpO₂, BP) • access to resuscitation trolley with appropriate sized airway equipment 		
5. 'Time Out' or 'Positive identification'	Both staff involved in the procedure will confirm the following: <ul style="list-style-type: none"> • the patient's identity checked by ID band or positive identification • confirm or mark site (if applicable) • procedure to be performed 		
6. Details of Sedation Score (UMSS)	0 = Awake and alert 1 = Minimally sedated: may appear tired/sleepy, responds to verbal conversation and/or sound 2 = Moderately sedated: somnolent/sleeping, easily roused with light tactile stimulation or simple verbal command 3 = Deep sedation: deep sleep, rousable only with deep or significant physical stimulation 4 = Unrousable		
7. Discharge criteria	<ul style="list-style-type: none"> • resumption of pre-sedation level of consciousness • resumption of purposeful neuromuscular activity • ability to ambulate or sit without support (if appropriate) • ability to verbalise (if appropriate) • final set of vital signs within normal limits for patient's age • ability to tolerate oral fluids 		