

RM2C017

STONY BROOK
UNIVERSITY
MEDICAL CENTER
Stony Brook, N.Y. 11794

CONSENT FOR CONSCIOUS SEDATION

I consent to the administration of conscious sedation and analgesia by _____, a medical staff member of the Department of _____. I understand that conscious sedation can only be ordered by a physician who has been credentialed by University Hospital and Medical Center.

Conscious sedation will allow you, or your child to better tolerate diagnostic test(s) or therapeutic procedure(s). Conscious sedation creates drowsiness, but not deep sleep or unconsciousness. You will have awareness of your procedure and you may experience some discomfort during the procedure. If you are uncomfortable, your doctor will give you more sedative medication if he feels you can tolerate the additional medication safely. The medications are administered through an intravenous line. Rarely, deep sedation or general anesthesia by an anesthesiologist may be required by an individual to tolerate a procedure.

Side effects/ risks of conscious sedation include inadequate breathing requiring assistance or resuscitation, allergy to medication, and infection from the IV line. Alternatives to conscious sedation include no sedation or some form of anesthesia.

I have had an opportunity to ask questions and agree to conscious sedation.

Signature of Patient (or representative)

Relationship (if other than patient)

Signature of Witness
(Age 18 or older, other than Practitioner performing procedure)

Title or relationship to patient

Signature and ID # of Practitioner Obtaining Consent

Date

Time



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CONSENT FOR CONSCIOUS SEDATION

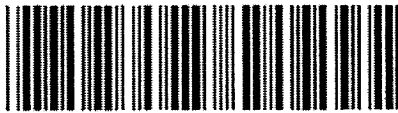
Use Of Interpreter or Special Assistance

An interpreter or special assistance was used to obtain consent from this patient as follows:

- Foreign language (specify) _____
- Sign language
- Patient is blind, consent form read to patient.
- Other (specify) _____

Interpretation provided by _____
(Fill in name of interpreter and title or Relationship to patient.)

Signature/ID No. of Practitioner	Date	Time
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DEPARTMENT OF EMERGENCY MEDICINE
PROCEDURAL SEDATION RECORD

History

- | | <u>Yes</u> | <u>No</u> |
|--------------------------------------|--------------------------|--------------------------|
| Allergy to proposed sedative agents | <input type="checkbox"/> | <input type="checkbox"/> |
| Prior adverse reaction to anesthesia | <input type="checkbox"/> | <input type="checkbox"/> |
| Sleep apnea | <input type="checkbox"/> | <input type="checkbox"/> |
| Severe rheumatoid arthritis | <input type="checkbox"/> | <input type="checkbox"/> |
| Psychiatric history | <input type="checkbox"/> | <input type="checkbox"/> |
| Comorbid disease | <input type="checkbox"/> | <input type="checkbox"/> |
| Full meal within 2 hours | <input type="checkbox"/> | <input type="checkbox"/> |

Physical Examination

- | | | |
|----------------------|--------------------------|--------------------------|
| General | <input type="checkbox"/> | <input type="checkbox"/> |
| Respiratory distress | <input type="checkbox"/> | <input type="checkbox"/> |
| Stridor | <input type="checkbox"/> | <input type="checkbox"/> |
| Hypotension | <input type="checkbox"/> | <input type="checkbox"/> |
| Morbid Obesity | <input type="checkbox"/> | <input type="checkbox"/> |

**Note: Yes answers are relative contraindications to procedural sedation. Sedation may still be indicated based upon urgency, note below.*

Head

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| Craniofacial Abnormalities | <input type="checkbox"/> | <input type="checkbox"/> |
| Limited mouth opening | <input type="checkbox"/> | <input type="checkbox"/> |
| Receding mandible | <input type="checkbox"/> | <input type="checkbox"/> |
| Large tongue | <input type="checkbox"/> | <input type="checkbox"/> |
| Class III or IV airway
(uvula not visible on phonation) | <input type="checkbox"/> | <input type="checkbox"/> |
| Loose teeth | <input type="checkbox"/> | <input type="checkbox"/> |

Neck

- | | | |
|-------------------------------------|--------------------------|--------------------------|
| Short neck | <input type="checkbox"/> | <input type="checkbox"/> |
| Limited atlanto-occipital extension | <input type="checkbox"/> | <input type="checkbox"/> |
| Hyomental distance <3cm (adult) | <input type="checkbox"/> | <input type="checkbox"/> |
| Thyromental distance <6cm (adult) | <input type="checkbox"/> | <input type="checkbox"/> |

Lungs

- | | | |
|----------|--------------------------|--------------------------|
| Wheezing | <input type="checkbox"/> | <input type="checkbox"/> |
| Rales | <input type="checkbox"/> | <input type="checkbox"/> |

NOTES:

MD Signature/ID#:

Date:



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**DEPARTMENT OF EMERGENCY MEDICINE
PROCEDURAL SEDATION RECORD**

Diagnosis:	Patient wt(kg):
Procedure:	Meds:
Time of Last PO Intake:	Allergies:
Time of Sedation:	ASA:

MD Checklist: Pre-sedation physical assessment Informed Consent MD Sign/ID#: _____

RN Checklist: BVM Oral airway Oxygen Suction IV/location
Cardiac Monitor Pulse oximetry Reversal drugs at bedside RN Sign/ID#: _____

Time (min)	BP	HR	RR	SpO2	IVF	Medication/dose	Ramsey Score

Ramsay Score
1=anxious and agitated or restless
2=cooperative, oriented and tranquil
3=responds to commands only
4=brisk response to light glabellar tap or loud auditory stimulus
5=sluggish response to light glabellar tap or loud auditory stimulus
6=no response to light glabellar tap or loud auditory stimulus
**Note: A Ramsay score of 4 or 5 is considered adequate sedation.
 A score of 6 is considered over sedation.*

ASA Classification
Class I=A normal healthy patient
Class II=A patient with mild systemic disease and no functional limitation
 (Controlled COPD, hypertension, diabetes mellitus, prior MI, etc.)
Class III=A patient with severe systemic disease with definite functional
 limitation that is not incapacitating (mod to severe COPD, CAD/angina, HTN)
Class IV=A patient with severe systemic disease that is a constant threat to
 life (marked congestive heart failure, unstable angina)
Class V=A moribund patient not expected to survive without the operation.

Time of procedure: _____ Attempt #2: _____ Attempt #3: _____
 Duration of procedure: _____
 Time patient appropriate for discharge: _____
 RN Sign/ID#: _____ Date: _____



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Occurrences:	Yes	No	Intervention
Neurologic			
1. Agitation			
2. Myoclonus			
3. Seizure			
Pulmonary			
1. Upper airway obstruction			
2. Laryngospasm			
3. Hypoventilation/Apnea			
4. Aspiration			
5. Hypoxemia (SaO2 <93%)			
6. Bronchospasm			
7. Chest wall rigidity			
Cardiovascular			
1. Dysrhythmia			
2. Hypotension (MAP <75% pre sedation level)			
3. Hypertension (MAP 25% above pre sedation level)			
4. Bradycardia (age-appropriate)			
5. Tachycardia (age-appropriate)			
6. Cardiac arrest			
Gastrointestinal			
1. Nausea			
2. Vomiting			
Other			
1. Unplanned admission			
2. Mortality			
3. _____			
4. _____			

Disposition: Admit Discharge (circle one)
Condition: Stable Unstable Critical (circle one)

MD sign/ID#/Date _____

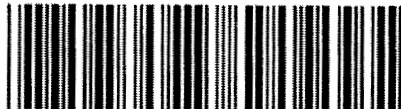
Discharge Checklist: Tolerating PO [] Ambulating/sitting/talking (age appropriate) [] Vital signs stable []
 Return to baseline mental status [] Airway patent/stable [] Voided []
 Discharge instructions/education given [] Accompanied by responsible adult []

Discharge Aldrete Score: _____

RN sign/ID#/Date _____

The Aldrete Scoring System

Able to move 4 extremities voluntarily or on command	2	
Able to move 2 extremities voluntarily or on command	1	Activity
Unable to move extremities voluntarily or on command	0	
Able to breathe deeply and cough freely	2	
Dyspnea, limited breathing or tachypnea	1	Respiration
Apneic or on mechanical ventilator	0	
BP = 20% of pre-anesthetic level	2	
BP = 20% - 40% of pre-anesthetic level	1	Circulation
BP = 50% of pre-anesthetic level	0	
Fully Awake	2	
Arousable on calling	1	Consciousness
Not responding	0	
Able to maintain O ₂ saturation ≥ 92% on room air	2	
Needs O ₂ inhalation to maintain O ₂ saturation > 90%	1	O ₂ Saturation
O ₂ saturation < 90% even with O ₂ supplement	0	
Dry and Clean	2	
Wet but stationary or marked	1	Dressing
Growing area of wetness	0	
Pain free	2	
Mild pain handled by oral medication	1	Pain
Severe pain requiring parenteral medication	0	
Able to stand up and walk straight	2	
Vertigo when erect	1	Ambulation
Dizziness when supine	0	
Able to drink fluids	2	
Nauseated	1	Fasting-feed
Nausea and vomiting	0	
Has voided	2	
Unable to void but comfortable	1	Urine output
Unable to void and uncomfortable	0	



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**DEPARTMENT OF EMERGENCY MEDICINE
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Post-Procedural Sedation Discharge Instructions

Children:

Your child has been given a medication that causes drowsiness. This medication may also cause temporary clumsiness or poor balance, and can cause poor judgement, leading children to do things they would not normally do. For these reasons you must watch your child closely for the next eight hours. Also:

1. No food or drink for the next two hours. If your child is under a year of age, they may be fed half of a normal feeding one hour after you go home from the hospital.
2. No play that requires normal balance, strength, and coordination. Avoid swimming, biking, skating, climbing, being at heights, swing sets, monkey bars, or stairs for the next 12 hours. Children who are allowed to play in these situations while there is still medication in their system may hurt themselves.
3. You must watch your child closely for the next 8 hours. They should be supervised at all times. This is especially important for children who normally play outside alone.
4. They should not bathe, shower, cook, or use electrical devices for the next eight hours, unless you are watching them closely.

If you notice anything unusual about your child or have any questions, please contact the emergency department at 444-2465.

Adults:

You have been given a medication that causes drowsiness. The medicine may also cause temporary clumsiness or poor balance, and can cause poor judgement. These effects can last several hours.

1. You should avoid dangerous activities, including bicycling, swimming, driving a vehicle, operating machinery, or working at heights until the effects of the medicine have completely passed.
2. You may temporarily feel sick, weak, or dizzy. This is normal. Some people will vomit if they eat too soon. As soon as you feel like you can drink without vomiting, you should try water, juice, or soup. You can progress to solid foods if the fluids do not cause nausea and you are feeling well.
3. If painkillers have been prescribed for you, ask the doctor how soon it is safe to take them.
4. You should not take alcohol, sleeping pills, or medicines that cause drowsiness for at least 24 hours.

If you have other questions or concerns, please contact the emergency department at 444-2465.