University of Kentucky Children's Hospital
Kentucky Clinic
Lexington, KY

**Pediatric Critical Care and Sedation Service**

Date:

Proposed Procedure:

Requesting physician/service:

Performing physician/service:

Medications:

History of Present Illness:

PMH/Co-morbidities:

Allergies: ☐ see medication reconciliation form or:

| N | | Y | |
|---|---|---|---|
| ☐ | medications | ☐ | ________ |
| ☐ | foods | ☐ | ________ |

Review of Systems

| N | Y | |
|---|---|---|
| ☐ | ☐ | snoring |
| ☐ | ☐ | loose teeth |
| ☐ | ☐ | sleep apnea |
| ☐ | ☐ | dental appliances/ oral piercing |
| ☐ | ☐ | recent URI/fever |
| ☐ | ☐ | GER |
| ☐ | ☐ | seizure disorder |
| ☐ | ☐ | neuromuscular disease |

| N | Y | |
|---|---|---|
| ☐ | ☐ | congenital heart disease |
| ☐ | ☐ | asthma |
| ☐ | ☐ | prematurity |

Gestational age at birth
home apnea monitor? ☐ Y ☐ N

Current gestational age ☐ ≥60wks ☐ <60wks

| N | Y | |
|---|---|---|
| ☐ | ☐ | developmental delay |
| ☐ | ☐ | problems with previous sedations/anesthesia? |
| ☐ | ☐ | family history of anesthesia problems? |
| ☐ | ☐ | Other ________ |

Last food or drink: ________

PE: wt ______ kg BMI ______ $M^2$

Airway

ENT

Lungs

CV

Other

☐ MD performed H&P
☐ RN performed H&P
and confirmed by MD ______

ASA Classification: ☐

| | |
|---|---|
| I | A normal, healthy patient, without organic, physiologic, or psychiatric disturbance |
| II | A patient with controlled medical conditions without significant systemic effects |
| III | A patient having medical conditions with significant systemic effects intermittently associated with significant functional compromise |
| IV | A patient with a medical condition that is poorly controlled, associated with significant dysfunction and is a potential threat to life |
| V | A patient with a critical medical condition that is associated with little chance of survival with or without the surgical procec |
| E | This modifier is added to any of the above classes to signify a procedure that is being performed as an emergency and may be associated with a suboptimal opportunity for risk modificati |

"Recovery" score at baseline: ☐

| | | | |
|---|---|---|---|
| Activity | 0=no movement | 1=moves 2 extremities | 2=moves 4 extremities |
| Awareness | 0=not responding | 1=arousable on calling | 2=fully awake |
| BP | 0=BP<50% of baseline | 1=BP 50-80% baseline | 2=BP≥80% of baseline |
| Sats | 0= sats <95% on oxygen | 1=sats >95% on oxygen | 2=sats >95% on RA |
| Respiratory | 0=apneic | 1=dyspnea or limited breathing | 2=deep breathes and coughs freely |
| Pain | 0=persistent and severe pain | 1=moderate to severe controlled with IV analgesic | 2=none or mild |
| Emesis | 0=persistent moderate to severe nausea and vomiting | 1=transient vomiting or retching | 2=none or mild nausea |

Plan:

☐ Consent signed by parent/guardian

Time Out: Date ________ Time ________ MD ________

Events:

☐ none
☐ apnea
☐ desaturations
lowest ________
☐ coughing
☐ aspiration
☐ hypersalivation
☐ airway obstruction: repositioned
☐ airway obstruction: jaw thrust
☐ airway obstruction: oral airway
☐ ambu bag for desats
☐ ambu bag for apnea
☐ laryngospasm
☐ emergent intubation

☐ IV infiltrated or not functional
☐ IVF bolus given
☐ hypotension (<50% baseline)
☐ agitation
☐ re-induction required
☐ inadequate sedation procedure aborted
☐ inadequate sedation procedure completed
☐ need for reversal agent
☐ Other ________

☐ hiccups
☐ rash
☐ seizures

Name

MR#

DOB:

Ramsey Scale
1=anxious and agitated or restless
2=cooperative, oriented, tranquil (awake)
3=responds to commands
4=asleep, brisk response to glabellar tap or loud auditory stimulus
5=asleep, sluggish response to glabellar tap or loud auditory stimulus
6=asleep

| Time | HR/EKG | BP | RR | Saturations | $FIO_2$ | $ETCO_2$/chest motion | Ramsey Scale | propofol | fentanyl | midazolam | ketamine | | Additional induction meds: ______ mg 1% lidocaine ______ mcg glycopyrrolate<br>Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Baseline | | | | | | | | | | | | | |
| | | | | | | | | | | | | | Induction |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | ☐ continued on |
| | | | | | | | | | | | | | additional page |
| | | | | | | | Total medications/fluids | | | | | | |

☐ I supervised the administration of
☐ I administered
the sedation medications, was present throughout the procedure and was at the patient's bedside from ________ to ________ .

Disposition ________

________
RN Signature

________
Attending Signature