



THE CENTER IS YOU

SAUNDERS, KEVIN E
Lemberg MD, Brent D.
END DOB 05/01/56 54
0597460

MODERATE SEDATION RECORD / PROCEDURAL

Section 1: Pre-Procedure History Date 4/11/11 Time 0955 Procedure: Colonoscopy Unit: Endo
Reason for Visit: Screening
Last solid food intake (date / time) 4/10/11 4/09/11 Last fluid intake (date / time) 4/11/11
Endo Prep [] PEG. Solution [] Phospha-Soda [] Enema [] None [] N/A Other: Miralox
Name of responsible adult who will accompany you home: Hal [] Waiting Room Phone # 592-308

CHECK OR CIRCLE ALL ITEMS THAT APPLY: OR [] SEE UNIT SPECIFIC RECORD

Table with columns: BRAIN, HEART, LUNGS, STOMACH/COLON. Rows include various medical conditions like Stroke, Severe Headaches, Seizure, etc.

Table with columns: REPRODUCTIVE/ URINARY SYSTEM, MUSCLES/ JOINTS BONES, BLOOD, CHRONIC DISEASES/CANCER. Rows include conditions like Kidney Disease, Arthritis, Anemia, Diabetes, etc.

Table with columns: PERSONAL HISTORY, PERSONAL ITEMS, FAMILY HISTORY, PREVIOUS OPERATIONS. Rows include Caffeine Use, Sedative Use, Body Piercing, etc.

Routine Medications [] See MAR [] See Attached List [x] See Medication Reconciliation Form

Allergies [x] None [] See Attached List

Notes: []

Table with columns: Drug, Type of Reaction. Includes entry for CYP 2D6 deficiency.

[x] REVIEWED INPATIENT CHART/H&P

RN Signature [Signature] Date/Time 4/11/11 @ 1005

Patient or Representative Date/Time





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Section 4 Intraprocedure Flow Sheet / Orders

IV Access: CEFA Date: 4/11/11 See Additional Page See Unit Specific Record

Site: CEFA Size: 24ga 22ga 20ga 18ga Saline Lock Preestablished IV Other: _____
Solution: NS D5W D5W1/2NS LR D5.225NS Volume (ml) 1000 Rate 100 Time: 10:25 Initials: MAS

Procedure: Colonoscopy Cardiac monitor Start: 10:47 Stop: 10:58
Procedure: _____ Cardiac monitor Start: _____ Stop: _____

Time	0:37	1:00	1:45	1:50	1:55	2:00							Comments
Respiration													
2 = Normal rate/depth	220												
1 = Dyspnea/shallow													
0 = Apnea	200												
O2 Saturation													
2 = O2 sat near baseline	180												
1 = O2 sat near baseline with O2													
0 = Unable to maintain sat with O2	160												
Circulation													
2 = BP 20mm +/- pre	140												
1 = BP 21-49mm +/- pre													
0 = BP 50mm +/- pre	120												
Consciousness													
3 = Awake / resting comfortable	100												
2 = Arousable / + protective reflex													
1 = Agitated / restless / stupor	80												
0 = Unresponsive													
Activity													
2 = Moves all extremities	60												
1 = Moves 2 extremities													
0 = Moves 0 extremities	40												
Pain													
2 = peaceful/calm	20												
1 = grimacing moaning (scale 1-4)													
0 = complains of pain (scale 5-10)													
KEY: BP X Pulse • SPO2% →	97	97	96	96	96	97							Pre-Meds: 0
Patient score													
Respiration	2	2	2	2	2	2							
O2 Saturation	2	2	2	2	2	2							
Circulation	2	3	3	3	3	3							
Consciousness	2	3	3	3	3	3							
Activity	2	2	2	2	2	2							
Pain	2	2	2	2	2	2							
Total	13	13	14	14	14	12							
Medications													
Fentanyl mcgs IV													
Midazolam mgs IV		2.5	2										Totals
Meperidine mgs IV													5/25
Oxygen via													
Initials:	MAS	MAS	MAS	MAS	MAS	MAS							
Assessment/changes													
Cardiac													
Abdomen													
Skin													
Treatments													
Pt position													
Comfort/safety													
Bite Block													

Assessments/Changes:
Cardiac: C = chest pain, R = rhythm change, E = ectopy, N = normal rhythm
Abdominal assessment: S = soft, D = distended, F = firm
Skin: P = pale, D = diaphoretic, C = cyanotic, W = warm & dry
Treatment: Patient position: S = supine, P = prone, R = right lateral, L = left lateral
Comfort & Safety: P = physical comfort, E = emotional, S = safety/environmental, A = airway suctioned
Bite Block: I = inserted, R = removed

RN Signature: _____ Initials: _____ RN Signature: M. Burt Initials: MAS
 Section 4 & 5 Orders Physician Signature: _____ Date/Time: 4/11/11



17048

MODERATE SEDATION RECORD / PROCEDURAL

Date: 4/11/11

Section 5 Recovery / Post procedure

Baseline BP: 136/94

See Additional Page

See Unit Specific Record

Time	11 05	11 15	11 30																Comments
Respiration 2 = Normal rate/depth 1 = Dyspnea/shallow 0 = Apnea	220	220	220	220	220	220	220	220	220	220	220	220	220	220	220	220	220	220	
O2 Saturation 2 = O2 sat near baseline 1 = O2 sat near baseline with O2 0 = Unable to maintain sat with O2	180	180	180	180	180	180	180	180	180	180	180	180	180	180	180	180	180	180	
Circulation 2 = BP 20mm +/- pre 1 = BP 21-49mm +/- pre 0 = BP 50mm +/- pre	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	140	
Consciousness 3 = Awake / resting comfortable 2 = Arousable / + protective reflex 1 = Agitated / restless / stupor 0 = Unresponsive	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	
Activity 2 = Moves all extremities 1 = Moves 2 extremities 0 = Moves 0 extremities	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	
Pain 2 = peaceful/calm 1 = grimacing moaning (scale 1-4) 0 = complains of pain (scale 5-10)	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	
KEY: BP X Pulse * SPO2% →	96	95	95																
Patient score																			
Respiration	2	2	2																
O2 Saturation	2	2	2																
Circulation	2	2	2																
Consciousness	3	3	3																
Activity	2	2	2																
Pain	2	2	2																
Total	13	13	13																
Medications																			
Oxygen via																			
Safety Measures Met (check box)																			
Initials:																			

IV D/C by Rachel @ 1131 IV Site OPA Clean Swelling Tenderness Redness

All patients who receive moderate sedation are considered high risk for falls. Assistance is needed.

Input PO Fluids	Total	IV Solution	Total	Output Urine/Other
<u>Apple juice</u>	<u>45</u>	<u>LR</u>	<u>1000</u>	

Home Discharge Criteria:
Recovery score of 11 - 13
Minimum of 3, or return to baseline in:
• Consciousness
Minimum of 2 in the following categories:
• Respiration
• O2Sat
• Activity, or return to baseline.
Minimum of 1 in the following:
• Circulation

Discharge to Nursing Unit:
Recovery score of 8 - 12
Minimum of 2 in the following categories:
• Respiration
• O2Sat
• Consciousness
Patients may be discharged to a higher level care with a recovery score less than 8.

Patient may be discharged once Mod. Sed. discharge criteria is met.

Meets Criteria: Yes No; if no was MD notified: Yes No

Yes No Post procedure instructions given

Yes No Patient and family state comfort with discharge

Yes No NA Post procedure teaching given EMD

Yes No NA Tolerating PO minimal nausea

Yes No NA Ambulating with steady gait

Yes No NA Voiding without difficulty

Yes No NA Drainage from incision minimal

Discharge To: Home inpatient room # _____ ED Other _____

D/C via Ambulatory Wheelchair bed stretcher

Accompanied by relative friend other

Report to _____

Discharge Time: 1130 Discharge Nurse: Rachel

Follow up phone call: Date: 4/12/11 **Time:** 0750 **By:** [Signature]

Number of attempts _____ Results: no answer wrong number See Unit Specific Chart
 message left on machine contacted patient/family member

Yes	No	NA	Yes	No	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Were you satisfied with your experience? Yes No

Instructed Patient to call Physician concerning _____

RN Signature: [Signature] Initials: MD

MODERATE SEDATION RECORD / PROCEDURAL

Section 2 Nursing Pre-procedure assessment and care plan

Teaching Plan	Yes	No	Psychosocial Assessment	Yes	No	Pre-Procedure Checks	Yes	No	N/A
Patient / Family verbalized understanding of teaching and procedure.	<input checked="" type="checkbox"/>		Addictive Behavior?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ID bracelet verified	<input checked="" type="checkbox"/>		
Pain Scale reviewed, patient expresses understanding of 0 - 10 pain scale.	<input checked="" type="checkbox"/>		Do you smoke? <i>no</i> Smoking cessation provided <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Allergies reviewed/bracelet applied	<input checked="" type="checkbox"/>		
Discharge expectations discussed with patient.	<input checked="" type="checkbox"/>		Do you feel emotionally and physically safe? <input type="checkbox"/>	<input checked="" type="checkbox"/>		Informed Consent signed	<input checked="" type="checkbox"/>		
Permission to make follow up call or leave message. Number to call:	<input checked="" type="checkbox"/>		Spiritual needs? (If yes, enter Pastoral consult)		<input checked="" type="checkbox"/>	Dentures - Upper / Lower / Partial		<input checked="" type="checkbox"/>	
Barriers to Learning? If yes, explain:		<input checked="" type="checkbox"/>	Have you had an unintentional weight loss > 10 pounds in 6 months? <input type="checkbox"/>		<input checked="" type="checkbox"/>	Glasses / Contacts	<input checked="" type="checkbox"/>		
Interpreter present?			Advanced Directives Present? Resources Provided <input type="checkbox"/>		<input checked="" type="checkbox"/>	Hearing Aids - Right / Left		<input checked="" type="checkbox"/>	
			DNR?		<input checked="" type="checkbox"/>	Pediatric Immunization form			

Section 3: MD Pre-Procedure Assessment: The following assessment is needed just prior to all invasive procedures using moderate sedation. Check all that apply.

See Unit Specific Record

Vital Signs: Time 10:50 Ht. 5'7" Wt. 170lb TPR 100.1, 86, 8 Blood Sugar 0
 BPI 130/94 SaO2 95 % on room air O2 _____

Neuro: oriented & converses disoriented & converses inappropriate words incomprehensible sounds
 unconscious calm apprehensive agitated Other _____

Sensation: no problem numbness tingling weakness limited motion define area Hands

Circulation: heart rate regular heart rate irregular peripheral edema neck vein distention other HTN

Pulmonary: respiration easy and regular shallow labored SOB Oxygen dependant breath sound clear
 other _____

GI: Bowel sound: present absent Abdomen: soft distended firm other Inguinal Hernia
 constipation diarrhea needs nutritional consult

GU: voids without difficulty Foley incontinent other enlarged prostate

Skin: warm dry intact pink jaundice wounds rash breakdown _____

Pain: yes no severity 0 - 10 scale _____ location/description/treatment _____

Mobility: ambulate independent walker cane wheelchair total lift

RN Signature: [Signature] date/time 4/11/11 @ 10:00

Physician _____

ASA Classification
 Class I: Normal/Healthy
 Class II: Mid systemic disease
 Class III: Severe systemic disease
 Class IV: Severe systemic disease/constant threat to health
 Class V: Not expected to survive with or without procedure

Mallampati airway classification:
 Hard Palate _____
 Soft Palate _____
 Uvula _____
 Pillars _____
 class 1 class 2 class 3 class 4

Diagnosis: _____
 Comment/plan of care: _____
 Post Procedure Note: _____
 N/A

Cleared for moderate sedation: yes no

By signing this document I attest to have personally reviewed and agree with the Pre-Procedure History (section 1) and MD Pre-Procedure Assessment (Section 3) update.
Physician Signature _____ **Date/Time** 4-11-11
09:00