Appendix 7:

Sedation monitoring flow chart

DAYCARE SEDATION RECORD		
Date:	Time in:	Time out:
Patient name:	File No:	ASA I II III IV V E
DOB:	Age:	Weight:
Procedure:	Operator:	
	Sedation list:	
	Recovery nurse:	
Previous operations/sedation/GA: Complications: Allergies:	Medical history: Medication:	
Last oral intake:	Fluids:	Solids:
Premedication:	Given at:	
IV cannula size: 24G/22G/20G IV fluids:	Site: Total fluids given:	

TIME																			
O_2 %																			
N_2O %																			
RR																			
$EtCO_2$																			
SpO_2																			
BP 200																			
190																			
180																			
170																			
160																			
150																			
140																			
130																			
120																			

110																		
90																		
80																		
70																		
60																		
50																		
Heart rate:																		
Drugs:																		
1																		
2																		
3																		
4																		
5																		
6																		