Appendix 12: Postsedation monitoring flow chart

Name of child:	**Date:**	
	Yes	**No**
Are the blood pressure and heart rate stable?		
Can the child swallow and cough?		
Can the child walk (if applicable) without feeling dizzy or faint?		
Is the child nauseous?		
Is the child breathing comfortably and of normal colour?		
Is the child awake and appropriate?		
Has the operative site been checked and is bleeding controlled?		
Have written postoperative instructions been given and explained to both parent and caregiver?		
Is the child pain free?		
Have possible complications been explained?		
Has a prescription been given or medication dispensed?		
Is there a responsible adult to accompany the child and who is responsible for aftercare at home?		

TIME														
O_2 given														
RR														
SpO_2														
Heart rate														
Temperature														
Level of consciousness														
Pain														
BP 160														
150														
140														
130														
120														
110														
90														

80														
70														
60														
50														
40														
30														
Child has been assessed and is deemed fit for discharge at: (time and date)														
Mode of transport home is: Name of responsible adult accompanying child home is:														
Signature of recovery nurse:														