Appendix 7: Sedation monitoring flow chart

SEDATION RECORD																		
Health facility:		Date:								Time in:						Time out:		
Child's name:										File No:						ASA I II III IV V E		
DOB: Age: Weight: ASA:																		
Procedure:										Operator:								
										Sedation list:								
										Recovery nurse:								
Previous operations/sedation/GA: Complications: Allergies:										Medical history: Medication:								
Date/time of last oral intake:																		
Solids:				Breast milk:						Fluids:								
Presedation medication:																		
Drug:		Dose:				Route:				Time:						Given by:		
IV cannula size: 24G/22G/20G				Site:						IV fluids:						Total fluids given:		
TIME																		
O_2%																		
N_2O%																		
Level of Sedation:																		
RR																		
$EtCO_2$																		
SpO_2																		
Temp																		
BP 200																		
190																		

180																		
170																		
160																		
150																		
140																		
130																		
120																		
110																		
90																		
80																		
70																		
60																		
50																		
Heart rate: ECG/SpO_2																		
Drugs/ Route																		TOTAL
1.																		
2.																		
3.																		
4.																		
5.																		