

Procedural Sedation Proforma

Patient Name:

Date:

Hospital No.:

Time:

Location: Resus/Other.....

Procedure.....

Nurse.....

Sedation practitioner

Grade.....

Procedure practitioner.....

Grade.....

Part 1 - Before Sedation

Prediction of difficult mask ventilation (see box right, please circle)

Allergies:

Last ate:

Last drank:

O	Obese	Y	N
B	Bearded	Y	N
E	Elderley (>55)	Y	N
S	Snorer	Y	N
E	Edentulous (no/ few fixed teeth)	Y	N

Previous anaesthetic adverse events:

Deepest level of sedation intended (please circle):

Minimal
 Conscious/moderate
 Deep
 Dissociative

ASA grade
 (please circle)

I Normal healthy patient
 II Mild systemic disease
 III Severe systemic disease
 IV Severe systemic disease, constant threat to life
 V Moribund

**Preparation: READ ALOUD,
 CHECK BOX**

1	Suction	Y	N
2	Trolley tilt	Y	N
3	BVM	Y	N
4	Monitoring NIBP, ECG, SaO2, etCO2	Y	N
5	Oxygen (from the start)	Y	N
6	Anaesthetic grab bag in room	Y	N
7	Say aloud Plan A, Plan B and Plan C	Y	N

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Part 2 - Consent

Please choose an option:

- ☐ Patient is unable to give consent, for this reason:
- ☐ Written consent (please use a yellow consent form)
- ☐ Verbal consent – see below

I have explained the procedure to the patient.

Risks of any adverse event is 1 in 20. Common risks are nausea/vomiting, need for temporary breathing support, or overnight admission to hospital. 'Serious' risks, which include death or disability, occur on approximately 1 in 1000 occasions.

Part 3 - Before Discharge

Deepest level of sedation achieved (circle):

Minimal
Conscious/moderate
Deep
Dissociative

Adverse outcomes (please circle)

(Includes retching, subclinical respiratory depression, etc)

N

Y – complete p. 4

Please tick once achieved:

Return to baseline level of consciousness	
Vital signs normal for patient	
Absence of respiratory compromise	
Absence of significant pain or distress	
Written post-sedation advice (leaflet in Minors)	

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Part 4 – Neurovascular Status (if relevant)

Joint manipulated.....

Pre-manipulation neurovascular status:

CRT	Normal
	Abnormal (please state).....
Pulses	Normal
	Abnormal (please state).....
Sensation	Normal
	Abnormal (please state).....

Post-manipulation neurovascular status:

CRT	Normal
	Abnormal (please state).....
Pulses	Normal
	Abnormal (please state).....
Sensation	Normal
	Abnormal (please state).....

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World SIVA adverse sedation event reporting tool				
World SIVA adverse sedation event recording tool configured for a web page or paper form. Completion of this tool requires execution of all five steps. Responses to each step will often occupy different columns.				
Step 1: Was there one or more adverse events associated with this sedation encounter?				
<input type="radio"/> No, this form is now complete. <input type="radio"/> Yes, fill out remainder of form below.				
Step 2: Please DESCRIBE the adverse event(s). Check all that apply.				
Minimal risk descriptors <input type="checkbox"/> Vomiting / Retching <input type="checkbox"/> Subclinical respiratory depression ^a <input type="checkbox"/> Muscle rigidity, myoclonus <input type="checkbox"/> Hypersalivation <input type="checkbox"/> Paradoxical response ^b <input type="checkbox"/> Recovery agitation ^c <input type="checkbox"/> Prolonged recovery ^d	Minor risk descriptors <input type="checkbox"/> Oxygen desaturation (75–90%) for <60 s <input type="checkbox"/> Apnoea, not prolonged <input type="checkbox"/> Airway obstruction <input type="checkbox"/> Failed sedation ^e <input type="checkbox"/> Allergic reaction without anaphylaxis <input type="checkbox"/> Bradycardia ^f <input type="checkbox"/> Tachycardia ^f <input type="checkbox"/> Hypotension ^f <input type="checkbox"/> Hypertension ^f <input type="checkbox"/> Seizure	Sentinel risk descriptors <input type="checkbox"/> Oxygen desaturation, severe (<75% at any time) or prolonged (<90% for >60 s) <input type="checkbox"/> Apnoea, prolonged (>60 s) <input type="checkbox"/> Cardiovascular collapse/shock ^g <input type="checkbox"/> Cardiac arrest/absent pulse	<input type="checkbox"/> Other, specify below	
Step 3: Please note the INTERVENTIONS performed to treat the adverse event(s). Check all that apply.				
Minimal risk <input type="checkbox"/> No intervention performed Administration of: <input type="checkbox"/> Additional sedative(s) <input type="checkbox"/> Antiemetic <input type="checkbox"/> Antihistamine	Minor risk <input type="checkbox"/> Airway repositioning <input type="checkbox"/> Tactile stimulation or the administration of: <input type="checkbox"/> Supplemental oxygen, new or increased <input type="checkbox"/> Antisialagogue	Moderate risk <input type="checkbox"/> Bag valve mask-assisted ventilation <input type="checkbox"/> Laryngeal mask airway <input type="checkbox"/> Oral/nasal airway <input type="checkbox"/> CPAP or the administration of: <input type="checkbox"/> Reversal agents <input type="checkbox"/> Rapid i.v. fluids <input type="checkbox"/> Anticonvulsant i.v.	Sentinel intervention <input type="checkbox"/> Chest compressions <input type="checkbox"/> Tracheal intubation or the administration of: <input type="checkbox"/> Neuromuscular block <input type="checkbox"/> Pressor / epinephrine <input type="checkbox"/> Atropine to treat bradycardia	<input type="checkbox"/> Other, specify below
Step 4: Please note the OUTCOME of the adverse event(s). Check all that apply.				
Minimal risk outcome <input type="checkbox"/> No adverse outcome	Moderate risk outcome <input type="checkbox"/> Unplanned hospitalisation or escalation of care ^h	Sentinel outcome <input type="checkbox"/> Death <input type="checkbox"/> Permanent neurological deficit <input type="checkbox"/> Pulmonary aspiration syndrome ⁱ	<input type="checkbox"/> Other, specify below	
Step 5: Assign a SEVERITY rating to the adverse event(s) associated with this sedation encounter.				
<input type="checkbox"/> If there are any options checked in the Sentinel columns above, then this is a Sentinel ^j adverse event. <input type="checkbox"/> If the most serious option(s) checked above are Moderate risk, then this is a Moderate ^k risk adverse event. <input type="checkbox"/> If the most serious option(s) checked above are Minor risk, then this is a Minor ^l risk adverse event. <input type="checkbox"/> If the most serious option(s) checked above are Minimal risk, then this is a Minimal ^m risk adverse event.				
Additional details (including 'other' entries):				
Footnotes: a. "Subclinical respiratory depression" is defined as capnographic abnormalities suggesting respiratory depression that do not manifest clinically. b. "Paradoxical response" is defined as unanticipated restlessness or agitation in response to sedatives. c. "Recovery agitation" is defined as abnormal patient affect or behaviors during the recovery phase that can include crying, agitation, delirium, dysphoria, hallucinations, or nightmares. d. "Prolonged recovery" is defined as failure to return to baseline clinical status within 2 hours. e. "Failed sedation" is defined as inability to attain suitable conditions to humanely perform the procedure. f. Alteration in vital signs (bradycardia, tachycardia, hypotension, hypertension) is defined as a change of >25% from baseline. g. "Cardiovascular collapse/shock" is defined as clinical evidence of inadequate perfusion. h. Examples of "escalation of care" include transfer from ward to intensive care, and prolonged hospitalisation. i. "Pulmonary aspiration syndrome" is defined as known or suspected inhalation of foreign material such as gastric contents into the respiratory tract associated with new or worsening respiratory signs. j. "Sentinel" adverse events are those critical enough to represent real or serious imminent risk of serious and major patient injury. Once recognized, they warrant immediate and aggressive rescue interventions. Once clinically concluded, they warrant immediate reporting within sedation care systems, and the highest level of peer scrutiny for continuous quality improvement. k. "Moderate" adverse events are those that, while not sentinel, are serious enough to quickly endanger the patient if not promptly managed. Once clinically concluded, they warrant timely reporting within sedation care systems, and periodic peer scrutiny for continuous quality improvement. l. "Minor" adverse events are those encountered periodically in most sedation settings, and that pose little threat given appropriate sedationist skills and monitoring. m. "Minimal" adverse events are those that alone present no danger of permanent harm to the patient.				