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Procedure Sheet (With/Without Sedation)

Patient's Label

Name _____ Age/Gender _____

UHID: _____ IP No. _____

Name of the Consultant: _____

Date of Admission: _____

Pre Assessment

Consultant:	
Pre Procedure Diagnosis	Post Procedure Diagnosis : ☐ Same
Procedure	
Is Patient on: Heparin ☐ Yes ☐ No Clopidogrel ☐ Yes ☐ No Aspirin ☐ Yes ☐ No Personal History: H/O Substance Abuse ☐ Yes ☐ No	
Incase of Procedure with Sedation: H/O Previous anesthesia/sedation ☐ Yes ☐ No If yes, H/o family / personal problems with anaesthesia/ sedation ☐ Yes ☐ No History of impairment of major organs ☐ Yes ☐ No (If yes please specify) Review of Laboratory Results ☐ Yes Blood/ Blood products : ☐ Yes ☐ No	
Level of Sedation: ☐ Mild sedation (easy to arouse) ☐ Moderate sedation (drowsy, easy to arouse) ☐ Deep sedation (Difficult to arouse)	

Type of Sedation: ☐ Oral ☐ IV ☐ IM
Relevant examination findings : CVS Chest : Airway : Investigation (if any)
Doctor's Name _____ Sign. _____ Date & Time _____

SIGN IN CHECKLIST :	Yes	No	Not Applicable
Verify Name and UHID			
NBM from _____			
Pre Procedure Medication given			
Allergies:			
Denture removed			
Eye glasses removed			
Prosthesis/Jewellery removed			
Consent Verified			
Relevant investigations and images, if any			
Side and Site of Procedure			
Availability of functional equipments and implants			

PRE-PROCEDURE VITALS/PRE SEDATION VITALS

Temp	HR/Pulse	RR	BP	SpO2	Pain Score

Nurse Signature : **Anaesthetic Signature (if applicab le):**

Date: **Time:**

TIME OUT CHECKLIST:

The following have been verified : Date: Time:

Name and ID number of the patient ☐

Consent for procedure and consent for sedation / anaesthesia / high risk consent obtained (if required) ☐

Agreement on the procedure ☐

Equipment or implants, if any ☐

Current patient position ☐

Blood products (required if any) ☐

Relevant investigations and images,if any ☐

Side and site of procedure ☐

Availability of functional equipments and implants ☐

Signature of Doctor …….

Signature of Nurse ……

Signature Of Technician (if any)……

Signature of Anaesthetist (if any) ……

SEDATION (if any) : By:

In case of Anaesthesia; please refer to the Anaesthesia Chart Weight (Kg) for Pediatrics ……

INTRA-PROCEDURE MEDICATION

S.No.	Time	Drug	Dose	Route	Frequency	Time	Dilution	Doctor Signature	Administration Time	Nurse Sign,

In case of Anaesthesia; please refer to the Anaesthesia Chart

INTRA PROCEDURE MONITORING

Time	HR (Per min)	RR (Per min)	BP (mm Hg)	SpO2%	ECG/ Other (if specified)	Nurse Sign. & Clock No.
Procedure Started at:						
Procedure End Time						

FINDINGS / DIAGRAM

SIGN OUT CHECKLIST			Date:
The following have been verified			Time:
Name of procedure recorded verified		Sign. of Doctor	
Any significant intraoperative finding			
Instrument count/ sponge count/ needles etc verified		Sign. of Nurse	
Labelling of specimens, if any			
Any equipment problems to be addressed			

POST - PROCEDURE MONITORING **Patient on Ventilator** ☐ Yes ☐ No

Time	HR (Per min)	RR (Per min)	BP (mm Hg)	Pain Score	SpO2	Level of Consciousness				Nurse Sign & Clock No.
						Awake	Responds to verbal commands	Responds to pain	Not responding	

POST PROCEDURE MEDICATIONS (IF ANY) / INFUSION

S.No.	Time	Drug	Dose	Route	Frequency	Time	Dilution	Doctor Signature	Administration Time	Nurse Sign

Failure of Sedation (if applicable) 1. Abandon procedure ☐ 2. Convert to GA ☐

Side effects/ Complications: _____

(if any)

Discharge Criteria following Procedures / sedation / anaesthesia

Patients who have received conscious sedation / anaesthesia may be discharged if the established discharge criteria are met. (If a reversal agent is administered, enough time must elapse to ensure an adverse reaction will not reoccur.) Variations in these criteria may be warranted and must be approved in writing by the responsible physician.

- Patient is as alert and oriented as baseline
- Presence of protective reflexes (swallow and gag)
- Stable vital signs consistent with baseline for 30 minutes after last drug dose
- Oxygen saturation on room air at least 94% or at baseline for 30 minutes after last drug dose
- BP and heart rate within 20 points of baseline or within normal limits
- Pain rating < Or to baseline
- When applicable, no visible site drainage or excessive swelling
- Patient is able to ambulate as well as he/she was able to ambulate prior to procedure

Status at the time of Discharge

Transfer to		**Condition at Transfer**	**Level of Consciousness**
ICU ☐	HR:	RR:	Awake ☐
HDU ☐	BP:	Pain Score:	Asleep ☐
Ward ☐	SPO2:	Movement of upper limbs and lower limbs ☐	
		Aldrete Score:	
		Doctors Signature :	
		Date / Time :	

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