Sedation Record

Patient			Surgeon
DOB / /	Age Yrs		Anaesthetist
Sex Male / Female	Weight Kg		Date / / 200

Relevant Medical History

Allergies

Current Medication

Procedure: Time

Fentanyl	
Midazolam	

IV Cannula

Size

Site

200

150

100

50

Monitoring

SaO2 ☐

ECG ☐

NIBP ☐

Comments:

Signature: Name:

For Emergency Treatment Only

Draft

Post operative record and Discharge Criteria Questionnaire

Blood pressure and pulse stable ..... Yes ☐ No ☐
Can walk without feeling faint ..... Yes ☐ No ☐
Is not nauseated (or only minimally on ambulation) ..... Yes ☐ No ☐
Is fully awake and aware ..... Yes ☐ No ☐
Operative site checked and bleeding controlled ..... Yes ☐ No ☐
Post op Instructions given (written) ..... Yes ☐ No ☐
and explained to patient and carer ..... Yes ☐ No ☐
possible complications explained ..... Yes ☐ No ☐
Script or medication given ..... Yes ☐ No ☐
for: .....
.....

Follow up arranged Yes ☐ No ☐ Clinic ☐ Dentist ☐

Is suitably accompanied and has someone to stay overnight Yes ☐ No ☐

| Drugs | Time | | |