

Key components to include in the patient history include:

- Past medical history: Major illnesses, such as asthma, psychiatric disorders, cardiac disease, hepatic or renal impairment; previous hospitalizations or surgeries; history of previous anesthesia or sedation
- Allergies: Opiates, benzodiazepines, barbiturates, local anesthetics, or others
- Current medications: Cardiovascular medications, central nervous system depressants; use caution with chronic benzodiazepine and opiate users; administration of reversal agents may induce withdrawal or seizures
- Drug use: Narcotics, benzodiazepines, barbiturates, cocaine, and alcohol
- Last oral intake: For nonemergent cases, some guidelines recommend more than 6 hours for solid food and more than 2 hours for clear liquid
- Volume status: Vomiting, diarrhea, fluid restriction, urinary output, making tears

A physical status evaluation using the American Society of Anesthesiologists Physical Status Classification ([Meredith, O'Keefe, and Galwankar, 2008](#)) is documented before administering analgesia and sedation:

- Class I: A normally healthy patient
- Class II: A patient with mild systemic disease
- Class III: A patient with severe systemic disease
- Class IV: A patient with severe systemic disease that is a constant threat to life
- Class V: A moribund patient who is not expected to survive without the operation

To provide a safe environment for procedural sedation and analgesia (PSA), equipment should be readily available to prevent or manage adverse events and complications ([Box 5-7](#)). The patient should have an IV access for titration of sedation and analgesic medications and for administration of possible antagonists and