

Procedural Sedation



Partners in Academic Medicine



PATIENTS. AT THE HEART OF ALL WE DO.

Members of the SingHealth Group



Why sedation?

- Allay anxiety
- Minimize pain and discomfort
- Patient satisfaction

Goal of procedural sedation and Analgesia

- Avoid the need for general anesthesia in selected patients who are unable to tolerate uncomfortable procedures
- Prevent anticipatory anxiety symptoms for those patients likely to require subsequent procedures
- Expedite conduct of procedures that are not particularly uncomfortable but that require the patient to move (e.g. MRI)
- Maximize patient's comfort while optimizing patient's safety

Pre-requisite knowledge

- Understanding the concept of sedation
- Indications for sedation
- Contra-indications for sedation
- Sedation protocol / guideline

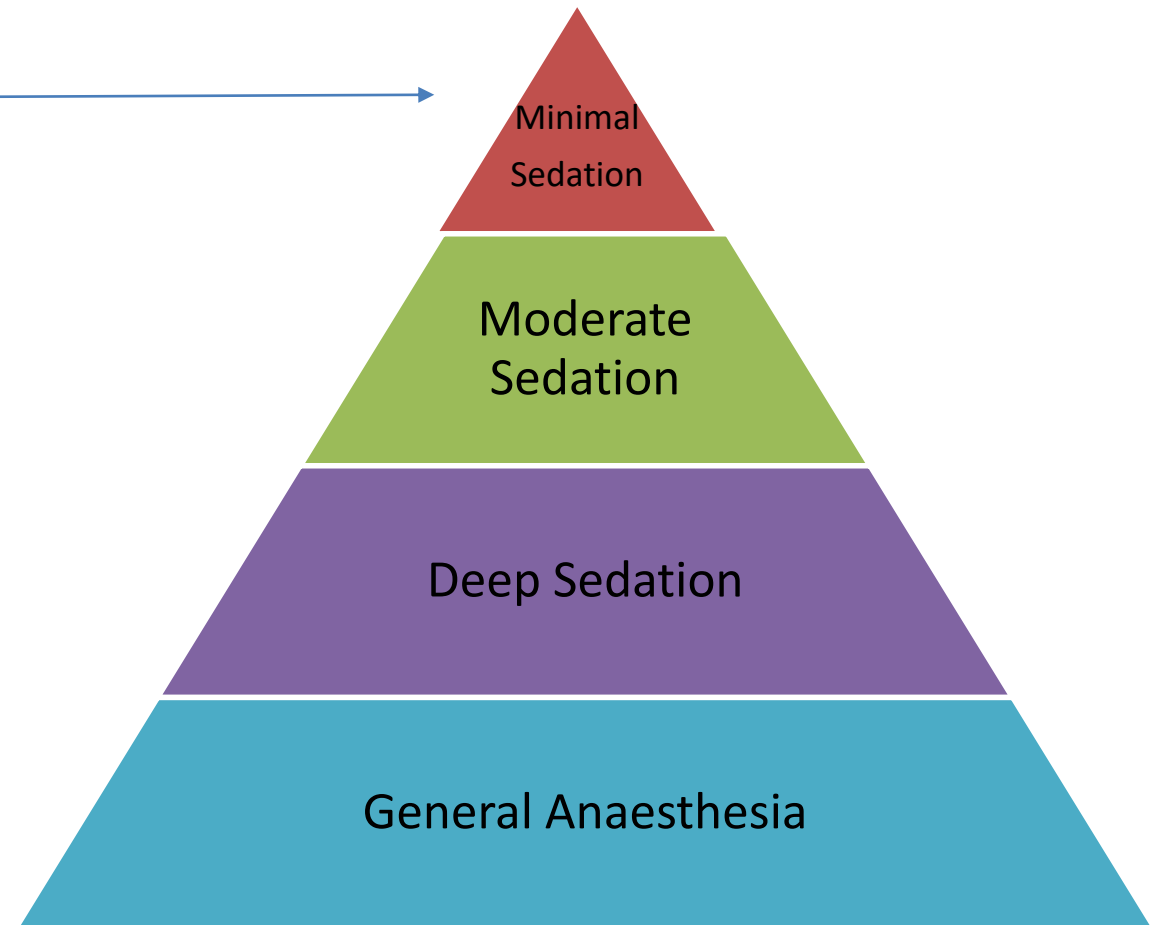
Minimal Sedation (Anxiolysis)

Responsiveness: Normal Response to verbal stimulation

Airway: Unaffected

Spontaneous Ventilation: Unaffected

Cardiovascular Function: Unaffected



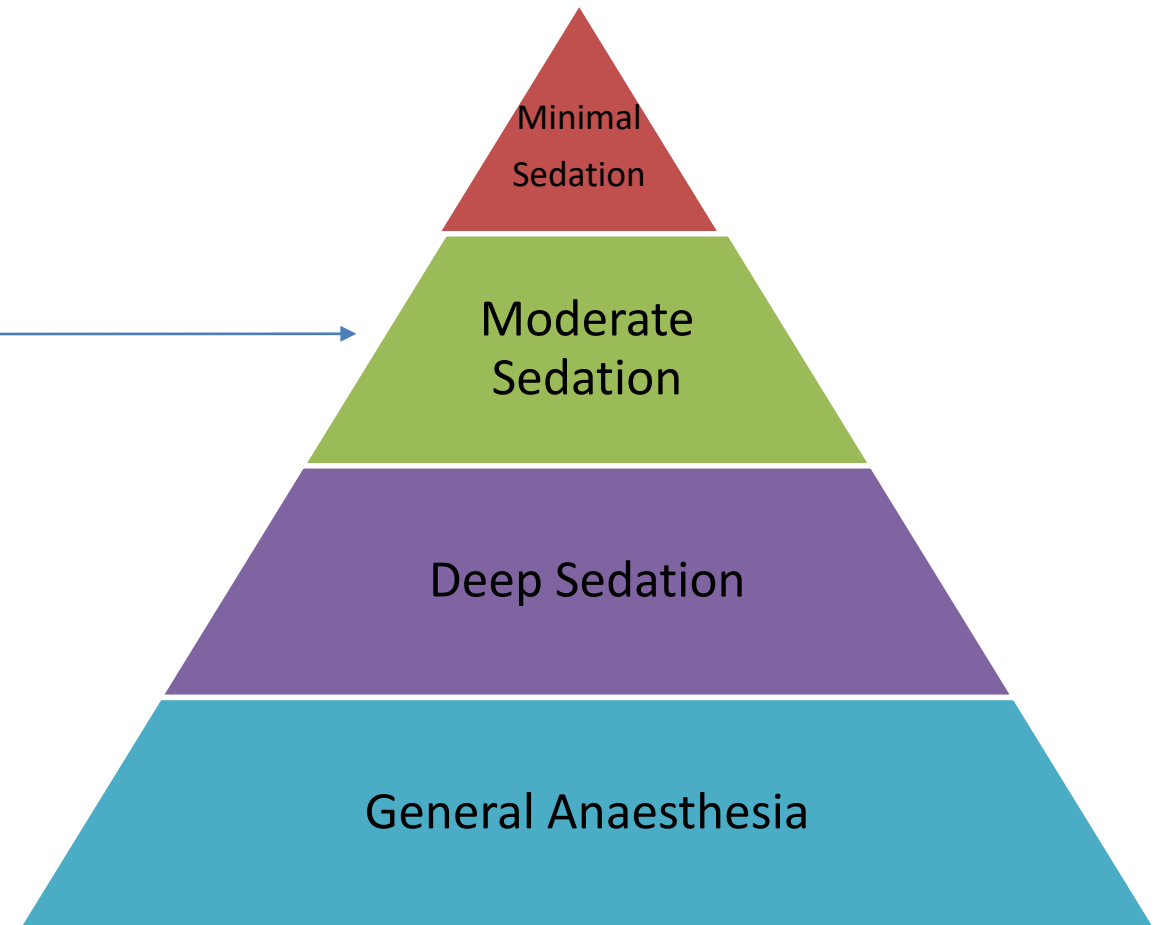
Moderate Sedation (Conscious Sedation)

Responsiveness: Purposeful response to verbal or tactile stimulation

Airway: No intervention required

Spontaneous Ventilation: Adequate

Cardiovascular Function: Usually maintained



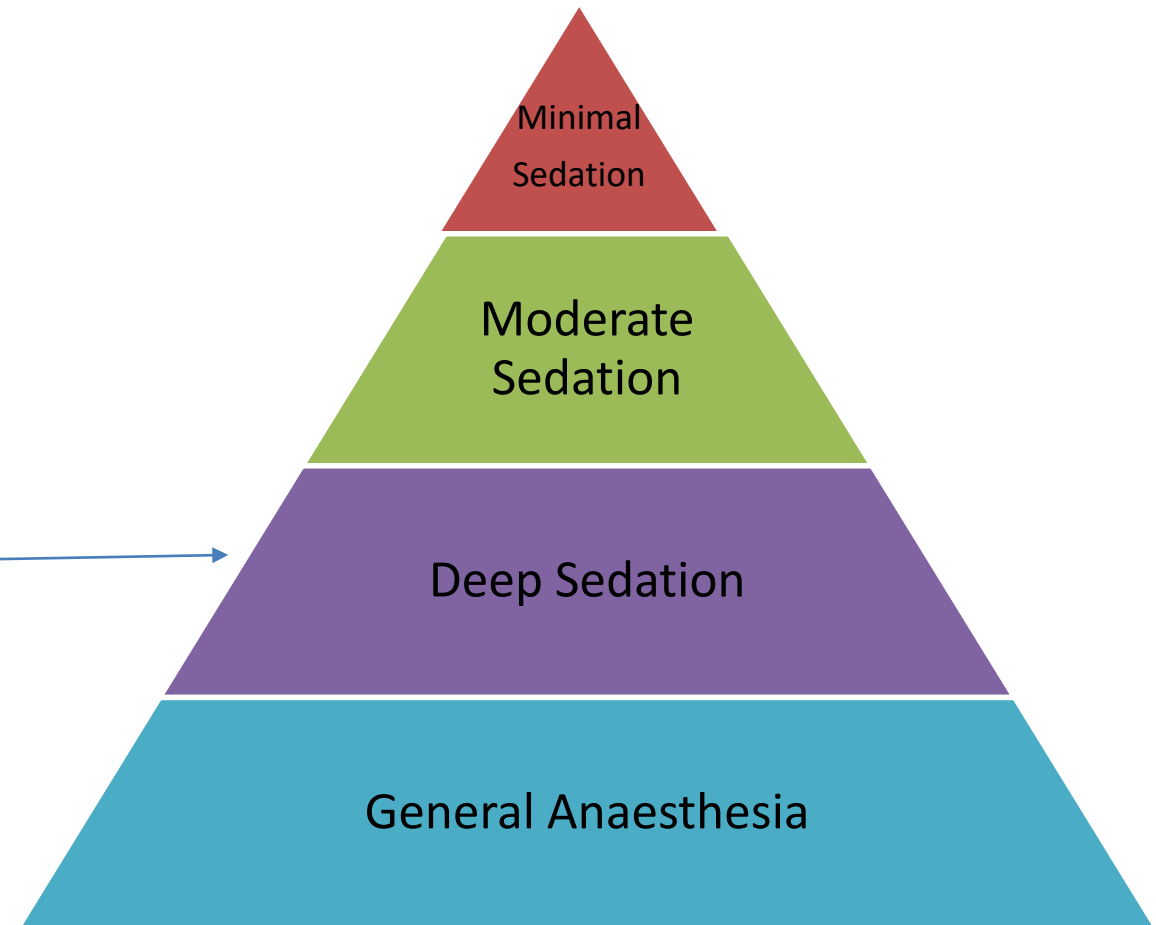
Deep Sedation / Analgesia

Responsiveness: Purposeful response after repeated or painful stimulation

Airway: Intervention may be required

Spontaneous Ventilation: May be inadequate

Cardiovascular Function: Usually maintained



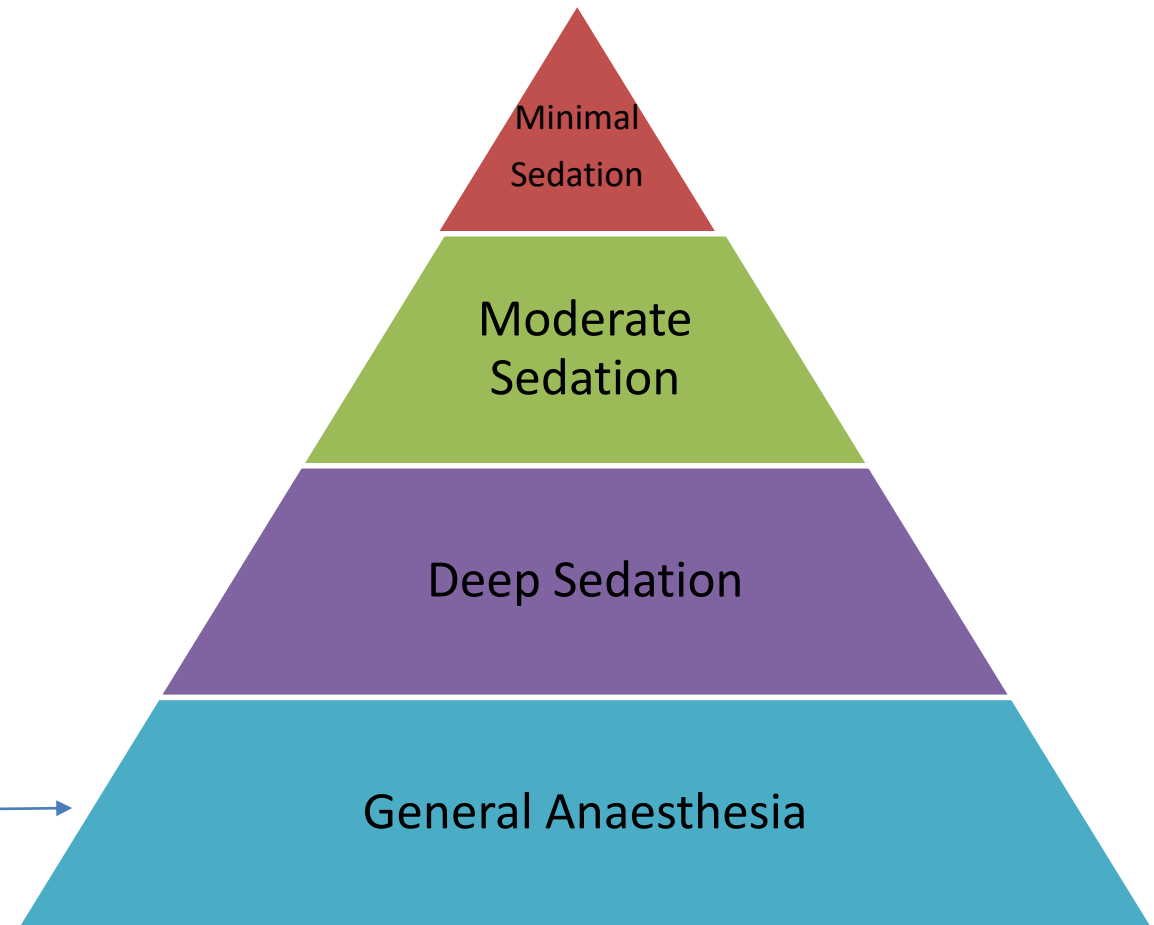
General Anaesthesia

Responsiveness: Unarousable even with painful stimulus

Airway: Intervention often required

Spontaneous Ventilation: Frequently inadequate

Cardiovascular Function: May be impaired



Patients at risk

- **High risk** group- Very old/ very young
- Chronic **respiratory, cardiovascular or neurological** conditions
- **Airway compromised** such as current respiratory infection or history of upper airway obstruction, e.g. obstructive sleep apnea, Congenital history (e.g. Pierre Robin syndrome)
- **Previous adverse sedation** or anesthetic events
- Significant developmental delay

Moderate & deep sedation poses risks to patients and thus needs to be provided using clear definitions, policies, and procedures.

Title: Sedation For Diagnostic/Therapeutic Procedures by Non-Anaesthetists
P&P No: 65010-1250

Title: Nursing Care of Patient Undergoing Sedation for Diagnostic/Therapeutic Procedures by Non-Anesthetists
WI No: 60110-6000

The physician responsible for the patient should be competent in anesthesia technique, appropriate monitoring, response to complications and use of reversal agents and be APLS certified

Doctors have to be sedation accredited to administer sedation drugs.
Nurses who assist the procedure must be certified competence.

Approved Dr List

The physician responsible for the sedation and APLS must be certified.

KKH > Departments > JCI, Hospital Licensing and Accreditation > Moderate-Sedation

List of Doctors Accredited to Perform Sedation (APLS Certified Or Equivalent)

Dept of Diagnostic & Interventional Imaging	
Dept of Diagnostic & Interventional Imaging	DOWNLOAD
Dept of Diagnostic & Interventional Imaging (Residents)	DOWNLOAD
Division of Medicine	
Cardiology Service	DOWNLOAD
CICU Services	DOWNLOAD
Dept of Paediatrics (Specialist/Registrar)	DOWNLOAD
Department of Paediatrics (Senior Staff Registrar/Resident Physician)	DOWNLOAD
Department of Paediatrics (Clinical Associate/Medical Officer)	DOWNLOAD
Dept of Paediatrics (Senior/Junior Residents)	DOWNLOAD
Emergency Medicine	DOWNLOAD
Haemato-oncology Service	DOWNLOAD
Neonatology	DOWNLOAD
Division of Surgery	
Paediatric Surgery	DOWNLOAD
Division of O&G	
Colorectal Service	DOWNLOAD

[Home](#)
[Joint Commission International \(JCI\)](#)
[Resources](#)

- JCI Standards & Survey Guide
- JCI Communication Materials
- Audit Information
- Clinical Privileging
- Junior Doctors' Accreditation List
- Sedation**
- Sample Doctor Signature
- Sample Prescriber Signature
- Translator List

Approved Doctors List

KK WOMEN'S AND CHILDREN'S HOSPITAL LIST OF DOCTORS ACCREDITED TO PERFORM MODERATE SEDATION

Division/Dept: Medicine / Paediatrics
(Senior Staff Registrar/Staff Registrar/Resident Physician)

S/N	MCR No.	Name of Doctors	Designation
1	M14039B	Tan Guan Hao	Senior Staff Registrar
2	M18395D	Khin Myo Yi	Resident Physician
3	M16799A	Joselyn Abalos Velasco	Resident Physician
4	M17060G	Mandac-Navata Maria Theresa Rivera	Resident Physician
5	M17771G	Riza Oganias Flores	Resident Physician
6	M17432G	Ruschelle De Vera	Resident Physician

Submitted by HOD/HOU/HOS:

Signature:



Name:

Dr Ng Yong Hong

Designation:

Head of Dept / Senior Consultant

Dept:

Paediatrics

Date:

23rd August 2018

Departments That Perform Sedation

Mild Sedation	Moderate Sedation
Aesthetic Centre CCRC CDU ENT Centre Clinic E Clinic L	CE All Pasediatric and Women ward CDT DDII KKH IVF Breast Centre Cardiac Lab

Nursing Responsibilities (Pre-procedure phase)

- Preparation of patient
- Explain procedure to patient/caregiver
- Patient must be fasted for a minimum of 3 hours
- Ensure consent is being taken by the doctor
- Pre-assessment must be done by doctor and documented in Procedural Sedation Note (SCM)
- Baseline parameters must be taken and recorded

Nursing Responsibilities (Pre-procedure phase)

- Preparation of patient
- Explain procedure to patient/caregiver ([Issue Pain & Sedation Brochures](#))
- Patient must be fasted for a minimum of 3 hours
- Ensure consent is being taken by the doctor
- Pre-assessment must be done by doctor and documented in Procedural Sedation note (SCM)
- Baseline parameters & assessment ([history or cough / flu / fever](#)) must be taken and recorded


Nursing Responsibilities (Pre-procedure phase)

- 2RNs
- Must check that the medication is ordered and prescribed correctly (on [Downtime/Resuscitation Order form](#)) according to the latest weight in the CLMM
- Ensure that the sedation assessment is done properly prior to commencement of procedure
- If oral sedation is ordered, ensure 5 rights of medication administration is adhered

Nursing Responsibilities (Intra-procedure Phase)

Use of Ketamine

- Usage of Ketamine must be documented in the CD book
- Dose of Ketamine **MUST** be calculated by a doctor and counter checked with either a doctor or RN
- If Ketamine is ordered:
 - (IM) – It must be given in the presence of a doctor
 - (IV) – Must be administered by a doctor as slow bolus over 3-5 mins

KKH - Downtime / Resuscitation Order Form																			
 KK Women's and Children's Hospital SingHealth				<i>Affix Patient's Sticker Label</i>															
Class	Dept	Ward	Bed																
DRUG ALLERGY <input type="checkbox"/> Yes <input type="checkbox"/> No										DRUG ALLERGY TO:					G6PD DEFICIENCY: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Height: _____ Weight: _____ Date Taken: _____ (if applicable)																			
Legend: X01: Drug Omitted / PRN Meds; X02: Afebrile; X03: Nil by Mouth; X04: Patient Refused; X05: Caregiver Refused; X06: Order Discontinued by Doctor; X07: Patient Discharged Already; X08: Others.																			
SN	Order Start Date / Time	Route	Medications	MCR.# / Signature	Discontinue MCR # / Signature / Date	Pharmacy	Administration Date / Time / Staff's Signature												
NEW MEDICATION (PARENTERAL)																			
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
NEW MEDICATION (NON-PARENTERAL)																			
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			

Transcribed By: _____
60110-Form-1002 (Aug 2015)

Date / Time: _____

Page 1 of 1

Pre-sedation Assessment

Structured Notes Entry - NG HIAU CHIN -HUANG XIAOJING - Procedural Sedation & Analgesia KKH

CREATE Preview

Sections 4

Copy Forward Refer to Note Preview Acronym Expansion < << >> >

Document Info

****Procedural S**

Fasting Details

Pre-Sedation Physician As Case Vetting Sedation Outc Discharge and

Last Meal/Drink On dd - MM - YYYY CT HH : mm

Fasting Guidelines

- 3-6 hours for DDII / Angio Suite
- 3 hours for Oral / Parenteral Sedation
- 2 hours for Nitrous Oxide

Pre-Sedation Assessment

Assessment Normal

Any Recent Acute Illness? E.g. flu, upper respiratory tract infection ☐ No ☐ Yes

Any Signs/Symptoms? E.g. runny nose, cough, fever ☐ No ☐ Yes...

Any Contraindication to Sedation? ☐ No ☐ Yes... ☐ info

Clinical Status Stable/ Unchanged & Vital Signs Checked? ☐ Yes ☐ No...

Consent Required, Risks Explained, Consent Form Sign & Witnessed? ☐ Yes ☐ No ☐ NA

For Nitrous Oxide, Perform Equipment and Function Check? ☐ Yes ☐ No ☐ NA

Sedation Brochure Issued? ☐ Yes ☐ No

Pain Brochure Issued? ☐ Yes ☐ No

Physician Assessment

Retrieve Latest Sedation Assessment

Retrieve L Situation (includes details of procedure to be done)

Insert De

Clear Un Background



Nursing Responsibilities (Intra-procedure Phase)

Time-Out

CreatePreview

Sections

Document Info

**Procedure Note

Time-Out (Performing Team)

Type of Procedure

Procedure Details

Communication to Multidisciplinary

Sign-Out

Copy ForwardRefer to NotePreviewAcronym Expansion

Time-Out (Performing Team)

Does this procedure require Time-Out?☐ No☒ Yes☐ Not Conducted

Patient's Name☒ Yes☐ No

Patient's Identification number☒ Yes☐ No

Correct Procedure☒ Yes☐ No

Correct Site☒ Yes☐ No

Correct Side☒ Yes☐ No☐ NA

Consent valid and complete☒ Yes☐ No

Correct Patient Position☒ Yes☐ No☐ NA

Imaging correctly labeled & displayed☐ Yes☐ No☒ NA

Correct Implant☐ Yes☐ No☒ NA

Correct special equipment☐ Yes☐ No☒ NA

Others eg IT Injection of Chemo drug☐ Yes☐ No☒ NA

Time-Out Conducted and Completed On09 - Jan - 201919 : 54

Time-Out Conducted By

Type of Procedure

Category☒ Line/ Tap/ Tube Placement☐ Percutaneous Aspiration☐ Skin or Wound☐ Bone or Joint☐ Biopsy☐ Cardiac Procedures☐ Endoscopy☐ Antenatal Diagnostic Procedure☐ Oral Procedures☐ Invasive Ophthalmic Procedures☐ KKIVF Procedures☐ Podiatric Invasive Procedures☐ Invasive Radiological Procedures☐ Oncology☐ Obstetric and Gynaecology☐ Children's Emergency☐ NICU☐ WICU☐ CICU☐ Others

Type of Procedure☒ Central Line Placement☒ PICC Insertion☒ Central Venous Catheter Insertion☒ Arterial Catheter Insertion☒ Umbilical Arterial Catheter (UAC) Insertion☒ Umbilical Venous Catheter (UVC) Insertion☒ Nasogastric Tube Insertion☒ UltraClip Breast Tissue Marker Insertion☒ Ventricular Tap☒ Abdominal Tap☒ Pleural Tap☒ Foley Catheter Insertion☒ Suprapubic Catheterization☒ Word Catheter Insertion☒ Chest Tube Insertion☒ IUCD Insertion☒ Pleural Drain☒ Abdominal Drain☒ Orogastric tube☒ Intubation

Retrieve Last Charted Value...

Insert Default Values


Clear Unsaved Data

Need Help?

Mark Note As:☐ Results pending☐ Priority☐ Incomplete

☐ E&M Calculation☐ Charge Capture SuperBill

SaveCancel

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SingHealth

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21

Frequency of Monitoring

IV Medication

Monitor parameter before administration of medication.

Every 5 minutes after patient is sedated/during procedure

Every 15 minutes post procedure till patient meet discharge criteria

Nursing Responsibilities (Intra-procedure Phase)

- Monitor for any abnormal parameters, sedation score
- Observe patient's clinical status
- Respiratory distress
 - Cyanosis
 - Retractions
 - Grunting
 - Nasal flaring
- Comfort (Monitor pain score with FLACC score)
- Safety

Vital signs (Intra-procedure Phase)

1. NUR Vital Signs KKH, From 06-Jan-2019 to 09-Jan-2019

		07-Jan-2019 22:12 stat	07-Jan-2019 22:17 LP started	07-Jan-2019 22:23	07-Jan-2019 22:34 lp finished	07-Jan-2019 23:40
<input type="checkbox"/> Blood Pressure (NIBP)						
	Systolic (mmHg)	95	88	71	80	88
	Diastolic (mmHg)	44	72	45	54	37
	Mean (mmHg)	57	76	51	60	48
	Source					
<input type="checkbox"/> Heart Rate						
	beats/min	154	172	180	180	121
	Rhythm					
	Pacing					
<input type="checkbox"/> Respiration						
	breaths/min	32	36	40	40	34
<input type="checkbox"/> FLACC-Pain Score (Set A)						
	Any history/possibility of pain	Yes	Yes	Yes	Yes	Yes
	Face	0	0	0	0	0
	Legs	0	0	0	0	0
	Activity	0	0	0	0	0
	Cry	0	0	0	0	0
	Consolability	0	0	0	0	0
	Pain Score	0	0	0	0	0
	Pain intervention (If pain score >= 4)					
	Remarks					
<input type="checkbox"/> Procedural Sedation Monitoring						
	Pre/Intra/Post	Pre-Procedure	Intra-Procedure	Intra-Procedure	Post-Procedure (IV)	
	Sedation Score	4=Drowsy, eyes open	5=Spontaneously awake	4=Drowsy, eyes open	5=Spontaneously awake	
	Airway	N=Normal	N=Normal	N=Normal	N=Normal	
	Nitrous Oxide %					
	N2O Flow Rate (L/m)					
	ETCO2 (MRI) (mmHg)					



Sign Out

CreatePreview

Sections

Document Info

**Procedure Note

Time-Out (Performing Team)

Type of Procedure

Procedure Details

Procedure Details

Communication to Multidisci

Sign-Out

Copy Forward

Refer to Note

Preview

Acronym Expansion

<<>>

Communication to Multidisciplinary Team :

Sign-Out

Does this procedure require Sign Out?

☐ No☒ Yes

Name of the Procedure performed and written

☐ NA☒ Yes

Complete Instrument, Sponge and Needle Counts (as applicable)

☒ NA☐ Yes

Labeling of Specimen - Check by Reading specimen aloud including patient's name/ID & type of Investigation

☐ NA☒ Yes

Any equipment problem to be addressed

☒ NA☐ Yes

Sign Out Done On

09 - Jan - 2019 19 : 58

Sign Out Done By

Retrieve Last Charted Val...

Insert Default Values

Clear Unsaved Data

Need Help?

Mark Note As:

☐ Results pending

☐ Priority

☐ Incomplete

☐ E&M Calculation

☐ Charge Capture SuperBill

Sedation Outcome (Post-procedure)

CreatePreview

Sections

**Procedural Sedation & ...

Fasting Details

Pre-Sedation Assessment

Physician Assessment

Case Vetting (only applicable for

**Sedation Outcome and Adverse E

Sedation Outcome and Adverse

Adverse Events during Procedur

Details

Medication Error / Interventions

Discharge and Disposition

Discharge Criteria and Dispositio

Details

Disposition

Retrieve Last Charted Val...

Insert Default Values

Clear Unsaved Data

Copy ForwardRefer to NotePreviewAcronym Expansion<<>>>

Sedation Outcome and Adverse Events during Procedural Sedation

Sedation OutcomeSuccessfulAbandoned Procedure...Converted to GA...

Adverse Events during Procedural Sedation

Details

Adverse Events during Procedural Sedation

NoYes...

Adverse Events during Procedural Sedation

Oxygen Desaturation [require airway intervention]

Central Apnea [cessation of respiratory effort and requiring ...

Partial Obstructive Apnoea [stridor, snoring or retraction AN...

Complete Obstructive Apnoea [ventilatory effort with no air e...

Laryngospasm [partial or complete upper airway obstruction...

Clinically Apparent Pulmonary Aspiration [suspicion or confir...

Retching/ Vomiting [requiring additional treatment and delay...

Bradycardia [heart rate < 2 standard deviation for age AND i...

Hypotension [systolic BP < 5th percentile for age AND requir...

Myoclonus [involuntary brief contractions requiring an interv...

Generalised Motor Seizure

Hypersalivation [copious oral secretions requiring suctioning]

Paradoxical Response to Sedation [unanticipated restless or...

Unpleasant Recovery Reactions [abnormal patient behaviou...

Permanent Neurological Injury

Death

Lowest SPO2 Measured

%

Retching/ Vomiting No. of Times

Unpleasant Recovery Reactions

Inconsolable Crying

Delirium (state of severe confusion, altered mental)

Agitation (restless, continuous activity)

Nightmares

Hallucinations (responds to sensory phenomena not physic...

Dysphoria (mood of restlessness, depression and anxiety)

Other Adverse Events during Procedural Sedation

Medication Error / Interventions

The Event(s) is/are

NoYes, Please Specify...

Related to a Medication Error

Intervention

Vigorous Tactile Stimulations

Airway Repositioning

Suctioning

Oxygen

Oral Airway

Bagged and Mask Assisted Ventilation

Intubation

Administration of Medication, Please State...

Chest Compression

IV Fluids

Physical Restraints

Delayed Discharge

Need Help?

Mark Note As:

Results pending

Priority

Incomplete

E&M Calculation

Charge Capture SuperBill

Save

Cancel

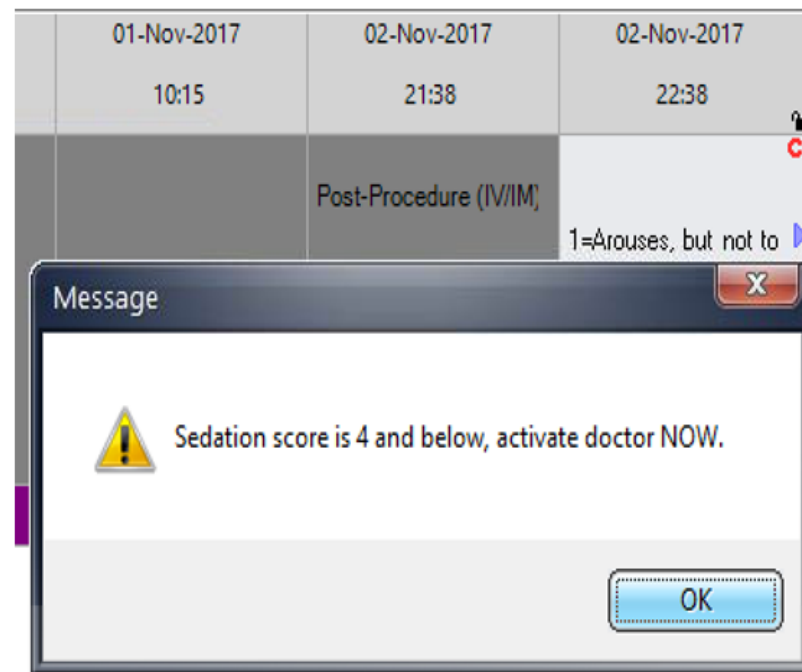
Nursing Responsibilities (Post procedure)

- Continue monitoring of patient until patient resumes his/her conscious state and meet the discharge criteria as indicated by the doctor.
- Indicate and document if any adverse events occurred
- Doctor to indicate discharge criteria and any special instruction
- If **reversal agent** has been given, monitoring must be continued for at least 2 hours.

Sedation Score

When **Post-Procedure** has been entered in the flowsheet, the system will alert the user if a **Sedation Score of 4 or lower** is documented:

- a) 60 mins post-procedure for **IV/IM**
- b) 90 mins post-procedure for **oral**



Wisconsin Procedural Sedation score

Wisconsin Procedural Sedation score	Sedation classification	Description	Actions for post procedure monitoring
6	Inadequate	Anxious, agitated or in pain	Attend to patient needs - eg pain
5	Minimal	Spontaneously awake without stimulus	Drs/Nurses to review and discontinue from sedation monitoring/discharge home
4	Moderate	Drowsy, eyes open or closed, easily arousable	monitor vital signs till meet discharge criteria / Dr to review beyond the bold line
3	Moderate to Deep	Arouses to consciousness with moderate tactile or loud verbal stimulus	
2	Deep	Arouses slowly to consciousness, with painful stimulus	
1	Deep	Arouses, but not to consciousness, with painful stimulus	
0	General Anaesthesia	Unresponsive to painful stimulus	Unarousable - inform Dr. stat even during procedure monitoring

Post sedation monitoring - RN call Doctor to do discharge from sedation monitoring

Post procedure monitoring																			
NB: Wisconsin Procedural Sedation score - observe and stimulate patient after procedure is completed																			
BP# Applicable to I/V medication only																			
Airway* - N - unassisted breathing; P - positioning with head tilt chin lift; F - Face mask; NP - nasal prong; BG - bagged and mask; I - intubated																			
Sedation score^ 0-1, check vital signs and doctor to review patient																			
Sedation score^ < 4 beyond this line, call Dr to review																			
Time	1515	1535	1550	1605	1620														
BP #	98/68	95/60	90/58	95/64	92/58														
PR	110	98	88	96	78														
RR	32	30	28	26	28														
SpO2	95	96	99	94	96														
Airway *	N	N	N	N	N														
O ₂ L/min																			
Sedation Score	4	3	3	4	4														
Pain Score																			
Nurse Sign																			

Sedation score^ < 4 beyond this line, call Dr to review

Sedation score	Sedation classification	Description
6	Inadequate	Anxious, agitated or in pain
5	Minimal	Spontaneously awake without stimulus
4	Moderate	Drowsy, eyes open or closed, easily arousable
3	Moderate to Deep	Arouses to consciousness with moderate tactile or loud verbal stimulus
2	Deep	Arouses slowly to consciousness, with painful stimulus
1	Deep	Arouses, but not to consciousness, with painful stimulus
0	General Anaesthesia	Unresponsiveness to painful stimulus

NB: Please write not applicable (NA) in non painful procedures or when unable to assess patient e.g. MRI-hear

NUR-0072 (Aug 2015) R3

Page 2

Nursing Responsibilities (Post procedure)

- When patient's parameters are stable
 - Inform doctor to review patient and discharge from sedation
 - Document event in the progress notes
 - Charge in procedure charge form

Discharge Criteria

Structured Notes Entry - NG HIAU CHIN -HUANG XIAOJING - Procedural Sedation & Analgesia KKH

CREATE Preview

Sections

Document Info

Discharge Criteria and Disposition

Details

Discharge Criteria

- ☐ Select All
- ☐ Normal Vital Signs and Sedation
- ☐ Recognises, interacts with or is consolable by parent / caregivers
- ☐ Verbalise appropriately according to age
- ☐ Motor function appropriate for age (ambulate or sit without support)
- ☐ Responsible parent/ caregiver

Disposition

Discharge from Sedation

Out

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Need Help? Mark Note As: ☐ Results pending ☐ Priority ☐ Incomplete

☐ E&M Calculation ☐ Charge Capture SuperBill

Save Cancel

Nursing Responsibilities (Post procedure)

- For outpatient:
- Ensure a responsible adult is present to escort the patient home
- A post procedure instruction must be given to patient/caregiver

Case Discussion

Summary

- 1 year 7m old (Henoch-Schonlein purpura and Acute Upper Respiratory Tract Infection with Coronavirus and Rhinovirus).
- 2D Echo under PO chloral hydrate sedation and be accompanied by medical doctor was request by Cardio team.
- Verbal consent obtained by MO from parents
- Ward nurse asked HO to order oral sedation
- Child was served oral sedation prior to cardiac centre for 2D echo accompanied by nurse
- Post Echo child was well and no adverse effects from the sedation.

Learning Points

- Knowledge deficit in Procedural Sedation.
- Lapse of communication between nursing and medical team.

Oral Sedation

Oral Choral hydrate

- Commonly used oral sedative
- Usually given with water
- Takes about 30-60minutes for onset
- Common adverse effect includes: nausea, vomiting, diarrhea

Vitals monitoring

- Baseline parameter and 30mins after serving medication
- **During** - Every 15mins at start and throughout the procedure
- **Post procedure** - Every 30mins till discharge criteria are met

Frequency of Monitoring

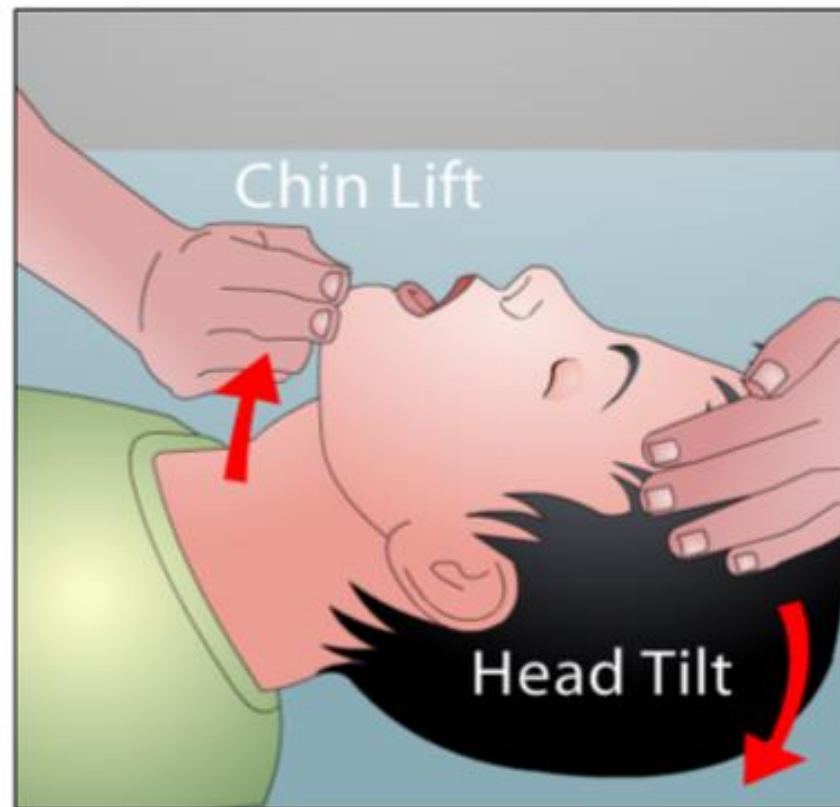
Oral Medication

Monitor parameter before administration of medication, 30 minutes after medication (or earlier if patient shows signs of sedation)

Every 15 minutes during procedure, every 30 minutes post procedure till patient meet discharge criteria

Emergency

If patient deteriorate, inform doctor immediately and prepare for resuscitation



Emergency

- If patient deteriorates, inform doctor immediately and prepare for resuscitation
- STOP PROCEDURE IMMEDIATELY!
- **D**anger: Assess environment
- **R**esponse: Attempt to rouse the patient through verbal call, if unresponsive, apply tactile stimuli
- **S**hout: Activate code blue (5555)
- **A**ssess: Head tilt chin lift, remove secretion
- **B**reathing: No breathing? Deliver O2 via facemask at 15L/min
- **C**irculation: No pulse? Start cardiac compression

Hard-Copy Forms

Sedation Brochure

Children who have undergone sedation should **NOT** be allowed to:

- Walk unsupervised for the next 4 hours after the procedure.
- Ride a bicycle, scooter, or skateboard the following day.
- Take any medication, which may cause drowsiness on the following day.
- Be placed in the car seat; the child may fall asleep, his/her head flopping forward and causing the tongue to obstruct breathing.

Parents should bring your child to the Children's Emergency if your child remains drowsy or feels unwell.

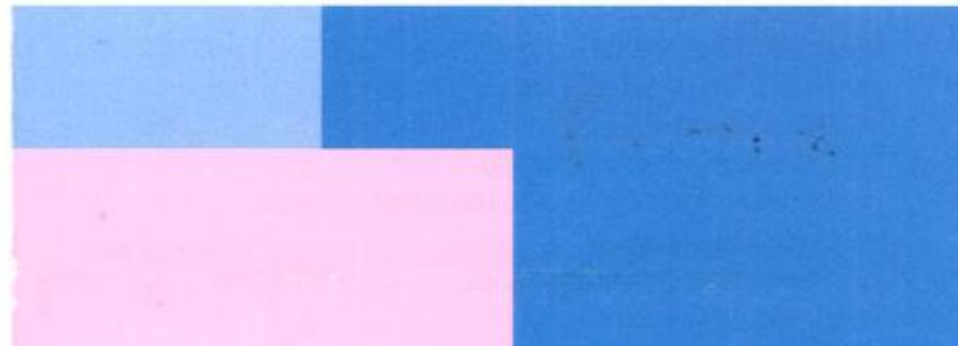
■ Useful information

- Outpatient appointment – please arrive 45 minutes before the procedure time for the following:
 1. Registration
 2. Administration of sedation
- As consent may be required, a parent/ legal guardian should accompany the child for the procedure.
- Bring along your child's favourite toy/ pillow and adequate milk powder and diapers.



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Procedural Sedation



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PATIENTS. AT THE HEART OF ALL WE DO.

Consent form



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SingHealth

Reg No. 198904227G

CONSENT FOR PROCEDURE and/or PROCEDURAL SEDATION & ANALGESIA

Affix Patient's Sticky Label

Part I - To Be Filled By Patient / Parent / Guardian

I give consent to the procedure of _____

on *myself / child / ward named _____
(Name of patient)

and if necessary, the administration of procedural sedation and analgesia for the procedure. The nature, purpose and effects of the procedure and the nature of the medicine to be administered for the procedural sedation have been explained to me by Dr _____.

I understand that there are risks and complications in the procedure.

I also consent to further or alternative measures as may be found necessary during the course of the procedure.

There are also risks in the administration of the procedural sedation and analgesia as outlined in the KKH patient information leaflet on procedural sedation.

I understand that these constitute general risks, are not all inclusive and that the actual risks to the patient vary depending on his / her underlying medical conditions, the presence of predisposing factors and the nature of the procedure being performed.

I confirm that I have had the opportunity to ask questions.

I also acknowledge that the procedure may be performed by any particular medical practitioner / staff assigned.

CONSENTING PERSON:

Relationship: * Self / Parent / Guardian / Others (please specify): _____

Name & NRIC of Consenting Person

Signature

Date

Name & Designation of Witness

Signature

Date

GEN-0031 (MAY 2014) R1

Time Out



KK Women's and
Children's Hospital
SingHealth

Patient's Sticky Label
Version 3

TIME-OUT & SIGN-OUT FOR INVASIVE PROCEDURE

Dept/Ward _____ Bed: _____ Date: _____

Time-Out was NOT CONDUCTED due to:

☐ 1. Emergency or Life-Threatening situation

Note:

1. All members of the team must participate actively in the Time-Out.
2. Time-Out is held immediately before the start of the procedure.
3. Sign-Out is conducted after the procedure and before patient leaves the room.

TIME-OUT (Performing Team)				
Nature of Procedure: _____				
Verified the following information	Verified			Remarks
	Yes	No	NA	
1 Patient's name	<input type="checkbox"/>	<input type="checkbox"/>		
2 Patient's identification number	<input type="checkbox"/>	<input type="checkbox"/>		
3 Correct Procedure (Verified by Dr and against consent form)	<input type="checkbox"/>	<input type="checkbox"/>		
4 Correct Site (Verified by Dr and against consent form)	<input type="checkbox"/>	<input type="checkbox"/>		
5 Correct Side (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6 Consent valid and complete	<input type="checkbox"/>	<input type="checkbox"/>		
7 Correct Patient Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 Imaging correctly labeled & displayed (Radiographic images as needed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9 Correct implant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10 Correct special equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11 Others eg IT Injection of Chemo drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Time-Out was Conducted and Completed on: _____ Date: _____ Time: _____ hrs:

Conducted by: _____
Name / Signature / Date and Time

SIGN -OUT (Sign-out must be completed before patient leaves the room)	YES	NA
Name of the Procedure performed and written	<input type="checkbox"/>	<input type="checkbox"/>
Complete Instrument, Sponge and Needle Counts (as applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Labeling of Specimen - Check by Reading specimen aloud including patient's name/ ID & type of investigation)	<input type="checkbox"/>	<input type="checkbox"/>
Any equipment problem to be addressed	<input type="checkbox"/>	<input type="checkbox"/>

Sign-out done by: _____
Name / Signature / Date and Time

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KK Women's and
Children's Hospital
SingHealth

Sedation competency checklist

S/N	CRITERIA	COMPETENCY ASSESSMENT	
		1	2
PRE – PROCEDURE			
1.	Ensure that only RNs and ENs who had completed sedation training and certified competent will assist in the procedure.		
2.	Ensure that Procedural Sedation is carried out by doctors who are accredited.		
3.	Check that Pre-sedation assessments are performed and documented into the Procedural Sedation Form.		
4.	Assess and record patient's condition e.g. any recent acute illness and last meal taken.		
5.	Monitor and record the baseline BP, PR, RR, SpO2 and airway of the patient.		
6.	Adhere to Workflow for Sedation Medication ordering for drugs requiring top up doses and PnP 60110–1016 "Guidelines on Safe Administration of Medication" and ensure that medication is prescribed in KKH_Downtime / Resuscitation Order Form (if Injection Ketamine/Morphine are used) / Outpatient Medication Record.		
7.	Adhere to PnP 63710–0540 "Handling and Documentation of Controlled Drugs" if Injection Ketamine/ morphine is used.		
INTRA PROCEDURE			
8.	Perform continuous observation and monitoring of patient's airway patency, parameters, sedation score and any occurrence of adverse reactions as per sedation protocol.		
POST PROCEDURE			
9.	Monitor patient's condition, vital signs and sedation score as per sedation protocol till patient meets the sedation discharge criteria.		
10.	Inform doctor to review patient if sedation score <4 after 1 hour post procedure		
11.	Place patient on lateral position to facilitate drainage of secretions, if patient is still drowsy.		
12.	Report any adverse event and activate code blue accordingly.		
13.	Doctor to review patient and sign off Discontinue sedation monitoring once patient meets the discharge criteria.		
14.	Resume feeds / diet when patient is arousable after sedation monitoring has been discontinued.		

Procedural Sedation Form

- [Moderate Sedation Form.pdf](#)

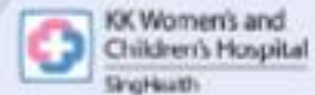
Moderate sedation Quiz

- See [attached](#) file
- You may refer to your preceptor / CI / content developer for the correct answer / discussion / clarification
- Content Developer
 - NC Kwek Choo Poh Wd 65
 - ANC Ong Seow chee Wd62

Thank you



PATIENTS. AT THE HE^{ART} OF ALL WE DO.



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