Sedation/anxiolysis checklist

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Correctly identifies need for sedatio n Y N

Appropriate patient evaluation Y N

(past medical history, previous sedation problems, airway and respiratory status)

Appropriate medication selection for patient and procedure Y N

Obtains consent from parent/guardian Y N NA

Ensures proper equipment in place prior to procedure Y N

(bag/mask, suction, oxygen)

Ensures proper monitoring in place prior to procedure Y N

Selects appropriate dosing of medication Y N

Appropriately recognizes and responds to patient difficulties Y N NA

(open/reposition airway, provide oxygen, etc)

Appropriate disposition post sedation Y N

Did the person display the skill to perform the procedure independently without direct supervision? Y N

Comments:

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Preceptors name and signature