PREOPERATIVE SEDATION CHECKLIST

Pursuant to Rule 110.13(e), the information contained on this checklist may be gathered at any time, but the surgeon administering or delegating the administration of sedation/anesthesia must verify that the information is current and correct prior to the start of the procedure and administration of sedation/anesthesia.

Patient Name:	Patient DOB:	Surgeon:
Procedure (timeout)(110.13(c)(7)): ❑	Procedure Date:	Level of Sedation: _____ Nitrous/Minimal _____ Moderate _____ Deep _____ General Anesthesia
Sedation Services Delegated : Y or N	Sedation Provider: (only if delegated)	Note:

PRE-OP VITALS (110.13(c)(4)(C)) (day of procedure):

Height:	Weight:	Blood Pressure:	Pulse Rate:	Respiration Rate:

PRE-PROCEDURE MEDICAL REVIEW:

Review of Patient's Medical History (110.13 (c)(1)(A))	❑	Notes:
Review of Patient's Allergies (110.13(c)(1)(B))	❑	Notes:
Review Patient's Surgical/Anesthesia History (110.13(c)(1)(C))	❑	Notes:
Review of Patient's Family Surgical/Anesthesia History (110.13(c)(1)(D))	❑	Notes:
Review of Patient's Medications and any modifications (110.13(c)(1)(E))	❑	Notes:
Review of Medical Consult (if needed) (110.13(c)(3))	❑	Notes:
Physical Examination: ASA Status Classification (110.13(c)(4)(A))	❑	ASA Classification(circle): I II III IV
Physical Examination: NPO Status (110.13(c)(4)(B))	❑	Time of last meal:
Anesthesia Exam: Airway Status (Mallampati and/or Brodsky Score) (110.13(c)(5)(A))	❑	

Anesthesia Exam: Ventilation/Respiratory Rate obtained through auscultation, capnography, or observation (110.13(c)(5)(B))	❑	
Special Considerations: High-Risk or Pediatric Patient (110.13(c)(8))	❑	Notes:
OMISSIONS: Document any reason an item is not completed on this checklist. (110.13(d))	❑	Notes:

CONFIRMATION OF PRE-PROCEDURE EQUIPMENT READINESS CHECK (110.13(c)(6)

Date Completed:	Completed By:	Notes:

CONFIRMATION OF POST-OP INSTRUCTIONS (verbal and written)

Date Completed:	Completed By:	Notes:

I hereby attest that the patient is cleared for surgery and the proper preprocedure systems and items have been reviewed. The patient has also received post-operative instructions in-advance of the surgery.

Surgeon Name (Printed): _____Signature: _____ Date: _____

Staff Name (Printed):_____Signature: _____ Date: _____

Amended Dec 2019