



ORDERS • SEDATION • MODERATE

Medical Record Number

Patient Name

Addressograph or Label – Patient Name, Medical Record Number

Physician: Check all orders that pertain to the patient. Date, time & sign all orders.

Weight: _____ kg

Allergies (food, drug and environmental) OR Adverse Drug Reactions (True or Suspected):

- Reviewed in LINKS and accurate as documented
- Reviewed in LINKS: Please add: _____
Please cancel: _____

ICD-9 Code _____ **Diagnosis:** _____

Procedure planned: _____ Date and Time of Procedure: _____

Practitioner available for emergencies: _____ Pager: _____

ASA Physical Status Classification:
<input type="checkbox"/> PS-1 Normal, healthy patient
<input type="checkbox"/> PS-2 Mild systemic disease in good control, or localized disease
<input type="checkbox"/> PS-3 Poorly controlled systemic disease, unstable VS, airway abnormality or organ dysfunction
<input type="checkbox"/> PS-4 Severe systemic disease that is a threat to life
<input type="checkbox"/> PS-5 Not expected to survive without procedure

NURSING

- 1. For ASA PS-3, obtain an anesthesiology, intensive care, neonatology, or cardiology consultation as appropriate to the patient's underlying condition and attending service.
- 2. For ASA PS-4 or PS-5, **patient must be referred to Anesthesia.**
- 3. Confirm previous informed consent obtained
- 4. For infants and children over 3 kg in weight, minimum NPO intervals are:
 (NPO: nothing by nasogastric or gastrostomy tube)
 - Greater than 6 hours prior to procedure for milk, formula, solids, barium contrast, citrus juice, etc.
 - Greater than 3 hours prior to procedure for breast milk
 - Greater than 2 hours prior to procedure for clear liquids
 - Pregnant or postpartum women require special considerations regarding NPO status; the minimum times above may be inadequate to assure gastric emptying
 For infants under 3 kg in weight, the minimum NPO interval depends upon routine feeding frequency:
 (NPO: nothing by nasogastric or gastrostomy tube)
 - Greater than the usual duration between feedings for formula, breast milk, barium contrast, etc. For example, if a former premature weighing 2 kg is fed formula or breast milk every 3 hrs, then NPO time must be greater than 3 hours
 - Greater than 3 hours for infants on continuous gastric or jejunal feeding
 - Greater than 2 hours for clear liquids
- 5. No monitoring for Minimal Sedation/Analgesia per Sedation Policy and Procedure.
- 6. Monitoring pre and post procedure for Moderate sedation per Sedation Policy and Procedure.

DATE	TIME	Provider Signature:	Pager:	Noted by:	Date/Time
Orders signed		PRINT Provider Name:		RN Signature	Date/Time

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MEDICATIONS

- 1. Lidocaine Hydrochloride 4% Topical Cream prn painful procedures:
 - Apply ¼ inch thick layer to intact skin over procedure site
 - Leave on 15 to 30 minutes until adequate anesthetic effect is obtained
 - Remove cream and cleanse area before beginning procedure

- 2. Chloral Hydrate (25 – 50 mg/kg: max dose 1000 mg) = _____ mg x 1 PO PR
 - If desired level of sedation is not achieved, may give _____ mg PO PR x _____ dose(s)
 20 minutes apart (max 2 doses total, maximum total dose 100 mg/kg)

OR
- 3. Pentobarbital (2 - 4 mg/kg: max dose 100 mg) = _____ mg x 1 slow IV infusion over 10 minutes
 - **STOP** infusing drug as soon as desired level of sedation is achieved
 - If desired level of sedation is not achieved may give (1-2 mg/kg) = _____ mg IV x _____ dose(s)
 5 minutes apart (max 3 doses total, maximum total dose the lesser of 6 mg/kg or 150 mg)

OR
- 4. Midazolam (0.1 mg/kg/dose: max dose 5 mg) = _____ mg IV x 1
 - If desired level of sedation is not achieved, may give (0.05 – 0.1 mg/kg) = _____ mg IV x _____ dose(s)
 5 minutes apart (max 3 doses total, maximum total the lesser of 0.3 mg/kg or 10 mg)

- 5. Fentanyl (0.5 – 1 mcg/kg/dose) = _____ mcg IV x 1
 - If desired level of analgesia is not achieved, may give (0.5 – 1 mcg/kg) = _____ mcg IV x _____ dose(s)
 5 minutes apart (max 3 doses total, maximum dose 3 mcg/kg)

- 6. IV Catheter Flush

Flush volumes may be less for fluid-sensitive patients, but should be at least 3 times the priming volume of the catheter lumen and add-on devices.

 - PIV: Normal Saline 3 mL to flush peripheral IV as needed, and at least every 24 hours
 - PIV: Heparin 10 units/mL 1 mL to flush peripheral IV as needed, and at least every 24 hours if patients is hypercoagulable
 - PICC/Midline (Groshong): Normal Saline 3mL to flush IV as needed, and at least every 24 hours
 - PICC/Midline (non-Groshong): Heparin 10 units/mL 3mL to flush IV as needed, and at least every 24 hours
 - Tunneled and non-tunneled catheters: Heparin 10 units/mL 3mL to flush IV as needed, and at least every 24 hours
 - Port: Heparin 10 unit/mL 5mL to flush IV as needed, and at least every 24 hours
 - Port: Heparin 100 unit/mL 5mL for port terminal flush or q month as needed

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REVERSAL AGENTS

If unable to arouse or respiratory distress occurs:

Administer face mask O₂ and/or bag/valve/mask ventilation, stimulate patient;

STAT page the responsible MD/NP/PA available for emergencies:

_____ (pager) _____ (spectralink)

If sats less than 85% with O₂ and stimulation administer:

To be used only for Midazolam reversal

Flumazenil (0.01 mg/kg/dose: max 0.2 mg) = _____ mg IV every 1 minute up to a max of 5 doses total.

Obtain Flumazenil from Pyxis floor stock

To be used only for Fentanyl reversal

Naloxone (0.001 mg/kg, minimum dose 0.01 mg) = _____ mg IV every 2 minutes until symptoms are reversed

Obtain Naloxone from Pyxis floor stock.

Dilute 1 mL (1 mg) in 9 mL of normal saline for a final concentration of 0.1 mg/mL;

Give 0.01 mL/kg (= 0.01 mL/kg), minimum dose 0.01 mg (= 0.1mL)

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