



## IV SEDATION RECORD

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Date: \_\_\_\_\_

### PRE-OP VITALS

		Date	Time
BP			
SPO2			
Other			
Allergies			

### PREMEDICATIONS

	Dosage	Date	Time
Triazolam			
Diazepam			
Amoxicillin			
Other			

**IV Cath Location:** *Rt / Lt - - Dorsal Hand / Antecubital / Ventral Wrist / \_\_\_\_\_*

**Gauge:** 22 / 24

**IV Solution:** 0.9 Saline / Lactated Ringer / 5% Dextrose / \_\_\_\_\_

### **VITALS AND DRUG LOG: (Documented as MG added / Total MG Given)**

TIME	BP	SPO2	MEDAZOLAM	FENTANYL mcg		TORADOL	DECADRON	ZOFRAN

\*FINISH TIME: \_\_\_\_\_

\*FINAL BP: \_\_\_\_\_

\*FINAL SPO2: \_\_\_\_\_

\*PT AMBULATORY: Y / N

\*POST-OP INSTRUCTIONS GIVEN TO PT AND COMPANION VERBALLY & IN WRITING: Y / N

**RX GIVEN:**

	Amoxicillin	Ibuprofen	Zpack	Tylenol #3	Medrol Ds Pk	Peridex
Dose						
Sig						

Doctor's Signature / Date: \_\_\_\_\_

Witness Signature / Date: \_\_\_\_\_