 <b>Health</b> Nepean Blue Mountains Local Health District	MRN: _____ NAME: _____ ADDRESS: _____ _____ DOB: _____ SEX: _____
<i>incorporating the following facilities</i>		
<input type="checkbox"/> Blue Mountains <input checked="" type="checkbox"/> Nepean <input type="checkbox"/> Springwood	<input type="checkbox"/> Lithgow <input type="checkbox"/> Community Health Service <input type="checkbox"/> _____	

# Clinical Pathway


## MEDICAL IMAGING

### MRI Suite

Sedation     General Anaesthetic

Disclaimer: This tool is intended as a guideline only and does not replace clinical judgement

<b>Pre Procedure</b>	Date: _____	<b>Checklist</b>
Weight _____ kg <input type="checkbox"/> (if weighs >90kgs ask height) Taken morning medications <input type="checkbox"/> Brought medications <input type="checkbox"/> Arranged transport home <input type="checkbox"/> Pre-sedation phone call <input type="checkbox"/>	Next of Kin: _____ Contact telephone number: _____	Peak flow <input type="checkbox"/> Allergies recorded <input type="checkbox"/> Last food..... hours <input type="checkbox"/> Last fluid.....hours <input type="checkbox"/>
<b>Medication List</b>		
_____ _____		
<b>Do you have or have you ever had</b>		
	<i>please circle</i>	<i>please circle</i>
High blood pressure?	Y   N	Diabetes?    Y   N
Chest pain or "angina"?	Y   N	Do you use insulin?    Y   N
Heart attack?	Y   N	Do you take diabetic tablets?    Y   N
Any other heart condition?	Y   N	Epilepsy or fits?    Y   N
Troublesome shortness of breath?	Y   N	Stroke?    Y   N
COPD, Asthma?	Y   N	Sleep Apnoea?    Y   N
Emphysema?	Y   N	Kidney problems?    Y   N
Do you use a puffer? (eg. Ventolin)	Y   N	Myasthenia gravis?    Y   N
Any surgery?	Y   N	Hepatitis or liver conditions?    Y   N
Symptomatic reflux (mod or severe)	Y   N	Narrow Angle Glaucoma?    Y   N
Details: _____		
_____		
_____		
Signature: _____ Designation/Print Name: _____		



**Health**  
Nepean Blue Mountains  
Local Health District

*incorporating the following facilities*

Blue Mountains      Governor Phillip  
 Nepean                  Community Health Service  
 Springwood            \_\_\_\_\_

MRN: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

**Allergy Label**

**SEDATION/GENERAL ANAESTHETIC**

**Medication Chart**

Date	Time	Drug	Dose	Route	Date to be given	Time to be given	Signature	Time	Given by

**Observations**

Cardiac monitoring    Yes  No     SaO<sub>2</sub> continuously    Yes  No   
 BP 10 min intervals    Yes  No     CO<sub>2</sub> continuously    Yes  No

**Sedation Level**    0 - Fully awake    2 - Rousable-responds to commands  
 1 - Drowsy            3 - Unrousable-not responding to commands

Time	H.R	B/P	SAO <sub>2</sub>	R.R	SED. LEVEL	CO <sub>2</sub>	COMMENT
						<b>Temp prior to discharge</b>	

**Post Procedure**

Sedation                                     - BP, Pulse, SaO<sub>2</sub>     ½ hourly till discharge  
 General Anaesthetic                     - BP, Pulse, SaO<sub>2</sub>     Every 15 minutes for 1 hour then ½ hourly till discharge

**Discharge Outcomes**

Fully awake	2
SaO <sub>2</sub> > 92%	2
Breath deeply & cough freely	2
Able to move same as pre GA/sedation	2
B/P within 20mm Hg of pre GA/sedation or HR within 30bpm of pre GA/Sedation if Paed	2
<b>Discharge Score</b>	_____

- Patient/carer verbalised understanding of:
- Post procedure instruction/information sheet
  - Transport home
  - Private x-rays returned/copy given
  - IV Cannula removed if applicable
  - Tolerating fluid diet
  - Voided

IV site<sup>1</sup>: Signs of inflammation present                     No    Yes  
 Time removed: \_\_\_\_\_

Discharge time: \_\_\_\_\_                     Signature/Designation: \_\_\_\_\_