DOS

HealthCare

- University of Kentucky A.B. Chandler Hospital
- UK HealthCare Good Samaritan Hospital
- UK HealthCare Ambulatory Services
- UK Dental and Oral Health Clinics

KENTUCKY CHILDREN'S HOSPITAL PEDIATRIC SEDATION REQUEST FORM

(Patient Label Here)

Phone 859-257-5337, Fax 859-323-2768

****Required** for procedural sedation to be scheduled:
1. **Entire form** must be completed and
2. Attach recent **history, physical and medication list** with completed form

Weekend or After Hours Weekdays (after 4 p.m.)
Emergency Sedation
Call OR desk @ 859-323-5631

PATIENT DEMOGRAPHIC AND PROCEDURE INFORMATION

Today's Date		Patient Last Name		First Name	
Date of Birth		Patient MR#		Diagnosis	
Parent/Guardian Name		Procedure to be performed			
Street Address			Phone #		
City		State		Zip	Alternate Phone # or email
Date Procedure Needed?	Today q ASAP (within 3 days) q First Available q Other q _____				
Will patient be inpatient or outpatient at time of procedure?	Inpatient q	Outpatient q			
Has child been sedated at KCH or UK Healthcare before?	No q Yes q	By whom? PICU Sedation Team q Anesthesia q Unknown q			
If deemed appropriate based on child's age and demeanor and the procedure, is it ok to evaluate child, or discuss with family, the child's ability to have procedure performed without sedation? (if left blank, assumption will be yes)	YES q NO q				

PATIENT MEDICAL HISTORY

Patient weight in KG	kg	Patient Medications:	
Patient height in CM	cm		
Patient Medication Allergies:		Is patient allergic to egg or soy? YES q NO q Unknown q	

Does the Patient have any of the following conditions? (answer all questions, explain any yes answers below)

Problems with prior anesthesia or sedation?	YES q	NO q	GERD?	YES q	NO q
Airway abnormalities?	YES q	NO q	Autism, ADHD, or severe developmental delay?	YES q	NO q
Obstructive apnea?	YES q	NO q	Less than 6 month old and history of prematurity (<37 weeks at birth)?	YES q	NO q
On CPAP, BiPAP or oxygen?	YES q	NO q	Congenital syndrome or chromosomal anomaly?	YES q	NO q
Chronic or active respiratory condition (asthma, BPD, pneumonia, etc)?	YES q	NO q	Other medical condition?	YES q	NO q
Heart Disease (congenital or otherwise)?	YES q	NO q	Difficult IV access?	YES q	NO q

Comment for all "YES" answers above:

REQUESTING PROVIDER INFORMATION	OFFICE USE ONLY	
Person Completing Form	Reviewed by:	Date
Requesting Service Contact #	Sedation by: RN q PICU Team q Anesthesia q	
Requesting Physician	Scheduled for:	
Physician Contact # or Pager	Who informed:	Date