

INTRA PROCEDURE SEDATION SCORING GUIDELINES

Level of Consciousness	Anxiety	Pain	Variation in Vital Signs
4 Awake	4 Anxious, combative, uncooperative resistant to procedure	4 Agitated, combative, voicing discomfort	4 – Tachycardia, hypertension or, tachypnea
3 Drowsy responds to verbal 3 D stimulation	3 Anxious cooperative	3 Restless, resistant, facial expressions indicating discomfort	3 VS unchanged from baseline or asymptomatic or therapeutic alteration in vital signs requiring no intervention. Oxygen saturation > 90% and oxygen at ≤ 4 L or at baseline
2 Sleeping /sedated (responds to light tactile stimulus or level of conscious unchanged from baseline if not awake and alert pre-procedure)	2 Calm, cooperative, minimal resistance or response unchanged from baseline	2 Minimal s/s discomfort or response unchanged from baseline	2 Alteration in VS requiring protocol intervention (i.e NS bolus, increased oxygen delivery, low dose Dopamine for heart failure patients)
1 Responds only to deep pain	1 Responds only to deep pain	1 Responds only to deep pain	1 Marked alteration in vital signs, respiratory depression, sustained apnea, bradycardia, hypotension requiring intervention in addition to protocol and / or airway support.
0 Unresponsive, absent blink reflex	0 Unresponsive	0 Unresponsive	0 Apneic, Hypotension or bradycardia unresponsive to intervention
Target 2-3	Target 2	Target 2	Target 2 – 3

< 4 Marked over sedation (indicates patient had unexpected response to dosage of sedation administered) Reversal is indicated.

< 8 Over sedated (may require interventions: airway support, IV fluid bolus, reversal of sedation)

8-10 Therapeutic sedation

> 11 Under sedated

*Level of sedation may vary with patient condition or physician preference for each procedure. Scores > 11 may therefore be related to physician preference.

However scores < 4 indicate over sedation and reversal is indicated.

* **Optional reversal no change in VS monitoring. Required reversal –VS Q 15 x 4 / Q 30 x 4 / Q 1 x 4**

ALDRETE SCORING GUIDELINES

ACTIVITY	RESPIRATION	CIRCULATION	CONSCIOUSNESS	OXYGENATION
2 Able to move four extremities voluntarily on command and / or returned to pre-procedure level	2 Patient can cough and deep breathe on command and / or Respirations unlabored, oxygen saturation at pre-procedure level	2 B/P and HR + / - 20% of pre-sedation level and / or asymptomatic alteration	2 fully awake (able to answer questions) or at pre-procedure level	2 Able to maintain oxygen saturation > 92 or at pre-procedure level
1 Able to move two extremities voluntarily on command and / or moves weakly, unable to stand	1 Dyspnea or limited breathing or requires oxygen > baseline level to maintain adequate saturation	1 B/P and HR + / - 20-50% of pre-anesthetic level or mildly symptomatic alteration that requires fluid bolus intervention or Dopamine at < 10mcg / kg/min for heart failure patients.	1 Arousable on calling (arousable only to calling)	1 Needs oxygen to maintain adequate oxygenation
0 Unable to move	0 apneic or requires airway support	0 B/P HR > 50% +/- pre-sedation levels and / or requires pharmacological intervention, or Dopamine at > 10 mcg/kg/min for heart failure patients	0 Unresponsive	0 O ₂ saturation < 90% adult , < 92% peds even with oxygen support
Target 2	Target 2	Target 1-2	Target 1-2	Target 2

< 8 Continue monitoring, re-evaluate q 15 min / > 8 D/C monitoring transfer from procedure area to nursing unit ≥ Discharge home

ASA CLASSIFICATION

1 A normal healthy patient * no meds, allergies, smoking, normal weight, no history of disease
2 A patient with mild systemic disease * smoker, obesity, regular medications, symptoms under control
3 A patient with severe systemic disease. * Limitations from disease, B/P or blood sugar not well controlled, experiencing symptoms – shortness of breath with activity etc.
4 A patient with severe systemic disease that is a constant threat to life. * Markedly symptomatic – acute diagnosis (MI) ongoing symptoms, IV Drips, Ventilator support etc.
5 A moribund patient who is not expected to survive without the operation * severely unstable, near arrest
6 A declared brain-dead patient whose organs are being removed for donor purposes

VITAL SIGNS BY AGE*

Age	Resp Rate / min	HR / min	B/P systolic (mm Hg)
Birth to 1 week	30 - 60	100 - 160	50 - 70
1 - 6 weeks	30 - 60	100 - 160	70 - 95
6 months	25 - 40	90 - 120	80 - 100
1 year	20 - 30	90 - 120	80 - 100
3 years	20 - 30	80 - 120	80 - 110
6 years	18 - 25	70 - 110	80 - 110
10 years	15 - 20	60 - 90	90 - 120

*Adapted from Seidel J Henderson D eds Prehospital Care of Pediatric Emergencies Los Angeles Los Angeles Pediatric Society 1987:10 Reprinted with permission

CATHOLIC HEALTH INITIATIVES

Saint Joseph HealthCare