

Kentucky Children's Hospital Pediatric Sedation Request Form

Phone 859-257-5337

Fax 859-323-2768

Weekend or
After Hours Weekdays
(after 5 p.m.)
Emergency Sedation
Call OR desk @
859-323-5631

Entire form must be completed for procedure and sedation to be scheduled.

Today's Date	<input type="text"/>	Patient Name	<input style="width: 100%;" type="text"/>	
Patient DOB	<input type="text"/>	Patient MR#	<input type="text"/>	Patient will be an: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient at time of procedure.
Weight (Kilograms)	<input type="text"/>	Height (Centimeters)	<input type="text"/>	Medications <input style="width: 100%;" type="text"/>

Parent Name	<input style="width: 80%;" type="text"/>
Parent Contact Number	<input style="width: 80%;" type="text"/>
Parent/Patient Address	<input style="width: 80%;" type="text"/>
(Address to send instructional brochure)	<input style="width: 80%;" type="text"/>

Known Medication Allergies ?

Allergy to Egg or Soy?

Patient Diagnosis	<input style="width: 80%;" type="text"/>
Proposed Procedure	<input style="width: 80%;" type="text"/>
Procedure Location	<input style="width: 80%;" type="text"/>
Date Procedure Needed	<input type="checkbox"/> Today <input type="checkbox"/> ASAP (within next 3 days) <input type="checkbox"/> First Available <input type="checkbox"/> Other: <input style="width: 50%;" type="text"/>

Does the Patient have any of the following conditions? (Answer all questions)

Problem with prior anesthesia or sedation?

Airway abnormalities?

Obstructive apnea?

On CPAP, BiPAP or Oxygen?

Chronic or active respiratory condition (asthma, BPD, pneumonia, etc)?

Congenital Heart Disease ?

GERD?

Autism, ADHD or severe developmental delay?

Less than 6 months old and history of prematurity (<36 weeks at birth)?

Congenital or chromosomal syndrome?

Other Medical Condition? (Describe below)

Comment for all "YES" answers above:

Person Completing Form	<input style="width: 80%;" type="text"/>
Requesting Service Contact Number	<input style="width: 80%;" type="text"/>
Requesting Physician	<input style="width: 80%;" type="text"/>
Requesting Physician Contact Number or Pager	<input style="width: 80%;" type="text"/>

Has child been sedated at Kentucky Children's or UK before?

If yes, by whom? Radiology or other RN
 PICU Sedation Team
 General Anesthesia

Office Use Only	BMI:
Sedation By:	BMI % ile:
<input type="checkbox"/> RN	Reviewed By:
<input type="checkbox"/> PICU Sedation Team	Date:
<input type="checkbox"/> General Anesthesia	

Office Use Only	Scheduled:
Informed: <input type="checkbox"/> Parent	Date/Time:
<input type="checkbox"/> Requesting Service	

This request form is NOT a part of the medical record.