



PROCEDURE CHECKLIST

Procedural sedation

Safe planning, delivery and recovery of sedation and analgesia for painful or distressing procedures in the ED.



EM Orbit

Patient reference

Date

Time

Completed by

Equipment ready

- ☐ Resuscitation area with trolley that tilts head-down
- ☐ Continuous monitoring: ECG, non-invasive blood pressure, pulse oximetry and waveform capnography
- ☐ Oxygen supply, nasal cannulae with capnography, face mask
- ☐ Suction (tested)
- ☐ Airway equipment: oropharyngeal and nasopharyngeal airways, bag-valve-mask, supraglottic airway, intubation equipment and difficult airway trolley
- ☐ Secure IV cannula and flush
- ☐ Sedative and analgesic drugs, labelled
- ☐ Reversal agents: naloxone and flumazenil
- ☐ Resuscitation drugs and defibrillator
- ☐ Sedation record chart

Before · Assessment

- ☐ Confirm the procedure needs sedation and that local or regional anaesthesia cannot achieve it alone.
- ☐ Take a focused history: medical conditions, previous sedation or anaesthesia problems, allergies, medications, last oral intake.
- ☐ Assign an ASA grade.
- ☐ Assess the airway for predicted difficult bag-mask ventilation and intubation.
- ☐ Weigh the patient or estimate weight accurately for dose calculation.

Before · Plan, consent and team

- ☐ Choose the target depth and the drug according to the procedure, patient and your competence.
- ☐ Explain the sedation, risks (airway obstruction, apnoea, vomiting, hypotension, emergence phenomena) and alternatives, and obtain consent.
- ☐ **Ensure a minimum of two clinicians: a sedationist with advanced airway skills dedicated only to sedation, and a separate operator.**
A third person (nurse) monitors and records.
- ☐ **Do not start sedation without continuous monitoring including waveform capnography, and without resuscitation equipment checked and at the bedside.**
- ☐ Perform a team brief or checklist: patient, procedure, drug, doses, airway plan, rescue plan, roles.
- ☐ Insert and check a patent IV cannula.

During · Starting

- ☐ Position the patient for both the procedure and airway access.
- ☐ Apply monitoring and record baseline observations and capnography trace.
- ☐ Give supplemental oxygen, ideally via nasal cannulae with capnography sampling.

- ☐ Pre-oxygenate if deep sedation or propofol is planned.

During · Giving the drug

- ☐ Ketamine IV: give 1 mg/kg over about 30–60 seconds; further doses of 0.5 mg/kg as needed.
- ☐ Ketamine IM (when IV access is not possible): 4 mg/kg.
- ☐ Propofol IV: give 0.5–1 mg/kg then titrate with small boluses of about 0.5 mg/kg.
- ☐ Opioid and benzodiazepine regimens: titrate small increments to effect, waiting for peak effect between doses.
- ☐ Titrate to the planned depth; do not give large fixed boluses in the frail or elderly.

During · Monitoring

- ☐ **The sedationist watches the airway, breathing and capnography continuously and does not assist with the procedure.**
- ☐ Record heart rate, blood pressure, oxygen saturation, respiratory rate, capnography and sedation level at regular intervals (at least every 5 minutes).
- ☐ Recognise airway obstruction or apnoea early on capnography, before desaturation.
- ☐ **If obstruction occurs, stop the procedure, perform jaw thrust and head tilt or chin lift, insert an airway adjunct and give bag-mask ventilation as needed.**
- ☐ Treat laryngospasm with jaw thrust, positive pressure with 100% oxygen and, if it persists, escalate per the airway protocol.
- ☐ Treat hypotension with fluid and stop further propofol.
- ☐ Give reversal agents for opioid or benzodiazepine over-sedation per local protocol while supporting ventilation.
- ☐ Manage vomiting by turning the patient to the side and suctioning.

After · Recovery and discharge

- ☐ **Keep the patient monitored in the resuscitation area until they respond to voice and are back to their baseline breathing.**
- ☐ **Do not leave the sedated patient unattended at any time before recovery.**
- ☐ Continue observations until discharge criteria are met: baseline level of consciousness, stable vital signs, pain controlled, able to drink and walk as appropriate.
- ☐ For ketamine emergence reactions, reduce stimulation; treat severe agitation per local protocol.
- ☐ Discharge only to a responsible adult with verbal and written advice.
- ☐ Document ASA grade, airway assessment, consent, drugs with times and doses, monitoring chart, adverse events and interventions.
- ☐ Report any adverse event through the local reporting system.



A drafted procedure checklist, awaiting senior review. Perform procedures only within your training, competence and local policy. It does not replace your clinical judgement.

EM Orbit · Emergency medicine, in one orbit · proc-procedural-sedation · red rows are the steps that must not be missed