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| *Please complete the form upon booking which require the sedation during the examinations.* | | | | | | | | | |
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| **Part I: Paediatric Sedation Risk Assessment by □ Doctor in-charge □ Referring Doctor** | | | | | | | | | |
| Date: | | | Hospital / Department / Private Clinic: | | | | | | |
| Brief history: | | | | | | | | | |
| Diagnosis: | | | | | | Body Weight (kg): | | | BH (cm): (if applicable) |
| Name of Procedure: | | | | | | | | | |
| Allergy History | Drug Allergy □ No | | | | □ Yes, Drug:  Reaction: | | | | |
| Alerts: □ G6PD □ Others: | | | | | | | | |
| Current Medications: | | | | | | | | | |
| **Sedation Risks checklist:** | | | | | | | | | |
| Prematurity < 37 weeks with post-conceptual age < 60 weeks | | | | | | | □ No □ Yes, Gestation: \_\_\_\_\_\_\_\_\_\_\_(weeks) | | |
| Term babies with PCA < 44 weeks | | | | | | | □ No □ Yes | | |
| **ASA**  (American society of Anaesthesiologist) physical status classification | | Class I and II □ | | | | | Class III and above □, Remarks: | | |
| Class I Normal healthy patients  Class II Patients with mild systemic disease  Class III Patients with severely systemic disease that is not incapacitating  Class IV Patients with incapacitating systemic diseases that is a constant threat to life  Class V Moribund patient who is not expected to survive 24 hours with or without operation  Class E Suffix for emergency operation | | | | | | | |
| Any significant medical diseases or airway problems | | | | | | | □ No □ Yes, Remarks: | | |
| Any neurobehavioural problems: | | Mental impairment | | | | | □ No □ Yes | | |
| Hyperactivity | | | | | □ No □ Yes | | |
| Others/Remarks: | | | | | | | |
| Sedation history □ Nil of significant □ Failed before □ Adverse event | | | | | | | | | |
| Other Risks / Remarks: | | | | | | | | | |
| **Sedation Plan:** | | □ Oral Sedation (only for ASA class I and II without risk factors listed above)  Fill in Part II (Oral sedation Medication Prescription)  □ Verbal consent obtained | | | | | | | |
| □ OTHER: Inpatient/Day ward admission  □ Consultation of anaesthesia / paediatric team  Remarks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Pre-medication for the procedure □ N/A □ Steroid cover □ Others: | | | | | | | | | |
| Doctor : (Name) | | | | | | | Date : | | |
| (Signature) | | | | | | | Contact phone number: | | |
| *Please complete the form upon booking which require the sedation during the examinations.* | | | | | | | | | | |
|  | | | | | | | | | | |
| **Part II: Oral Sedation Medication** | | | | | | | | | | |
| **Recommended Dosage OF CHLORAL HYDRATE** | | | | | | | | | | |
| **Neonate** | | | | 30-50 mg/kg  45-60mins before procedure. | | | | Use the lower dose for at risk or premature neonate.    **Do not repeat dose.** | | |
| **Child 1 month - 5 years** | | | | 30-75 mg/kg (max 1 gram per dose)  45- 60mins before procedure. | | | | Top-up dose 25mg/kg may be given.  Max. total dose: 100 mg/kg or 2 grams whichever is lower.  If vomiting occurs soon after intake of the medication, give only the top-up dose if needed. | | |
| **Drug** | | | | **Dose** | | | | **Remarks** | | |
| **Chloral hydrate PO (1st dose)** | | | | mg | | | |  | | |
| **Chloral hydrate PO (Top-up dose)** | | | | mg | | | |  | | |
|  | | | |  | | | |  | | |
| Doctor (Name): | | | | | | | | Date : | | |
| (Signature): | | | | | | | |
| *Prescriptions of medication have to be endorsed by GHK (Gleneagles Hong Kong Hospital) credentialed doctor AND administered on-site by nurses following the hospital prescription procedure.* | | | | | | | | | | |