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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 incapacitatingClass 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 teamRemarks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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/kg45-60mins 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.*  |