



BAY REGION

Spravato Program Assessment Form

Since last Visit:

Have there been any changes to medications? No  Yes

Explain: \_\_\_\_\_

Have you taken any benzodiazepines? (Ativan, Klonopin, Valium, Xanax) No  Yes

Explain: \_\_\_\_\_

Have you taken any other street drugs? No  Yes

Explain: \_\_\_\_\_

Are you taking any MAOIs? (Marplan, Nardil, Emsam, Parnate) No  Yes

Have you eaten anything for the past 2 hours? No  Yes

Explain: \_\_\_\_\_

Have you had any fluids for the past 30 minutes? No  Yes

Explain: \_\_\_\_\_

Have you seen any other providers or had any procedures since your last visit? No  Yes

Explain: \_\_\_\_\_

Observe patient for 2 hours after each treatment.

Vital Signs:

Time: \_\_\_\_\_ BP: \_\_\_\_\_ P: \_\_\_\_\_ Initials: \_\_\_\_\_

Prior to treatment

Time: \_\_\_\_\_ BP: \_\_\_\_\_ P: \_\_\_\_\_ Initials: \_\_\_\_\_

40 minutes after 1st dose

Time: \_\_\_\_\_ BP: \_\_\_\_\_ P: \_\_\_\_\_ Initials: \_\_\_\_\_

2 hours after 1st dose

Symptoms:



545

PT.

MR.#/PM.

DR.

Sedation start time: \_\_\_\_\_ Initials: \_\_\_\_\_ Sedation resolved time: \_\_\_\_\_  
Dissociation start time: \_\_\_\_\_ Initials: \_\_\_\_\_ Dissociation resolved time: \_\_\_\_\_

*(Medication given to patient for self-administration)*

**Dose:**

Esketamine 56mg, first treatment. Two 28 mg inhalers administered 5 minutes apart

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Nurse Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Nurse Signature: \_\_\_\_\_

Box Lot # \_\_\_\_\_

Esketamine 56mg, two 28 mg inhalers administered 5 minutes apart

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Nurse Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Nurse Signature: \_\_\_\_\_

Box Lot # \_\_\_\_\_

Esketamine 84mg, three 28 mg inhalers administered 5 minutes apart

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Nurse Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Nurse Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Nurse Signature: \_\_\_\_\_

Box Lot # \_\_\_\_\_

Other Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_



PT.

MR./P.M.

DR.