



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: _____

Vital Signs:

Time: _____ BP: _____ P: _____ SpO2: _____ Initials: _____

Prior to treatment

Time: _____ BP: _____ P: _____ SpO2: _____ Initials: _____

40 minutes after 1st dose

Time: _____ BP: _____ P: _____ SpO2: _____ Initials: _____

2 hours after 1st dose



545

PT.

MR.#/PM.

DR.

Symptoms:

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.