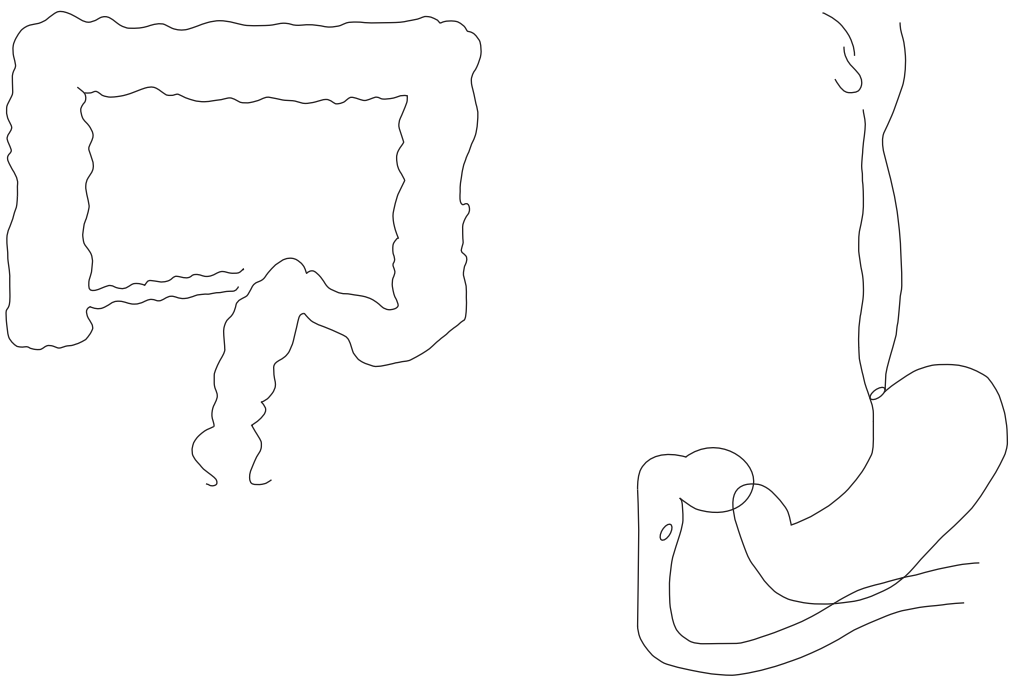


**G.I. DIAGRAM**

**PRE-SEDATION ASSESSMENT**

<p>Pre-Procedure Diagnosis:</p> <p>Mental Status:</p> <p>Allergies:</p> <p>Medications:</p> <p>Heart:</p> <p>Lungs:</p> <p>Abdominal exam:</p> <p>Other Pertinent Information:</p>	<p>Comorbid Condition(s) (MI, COPD, CVA, CAD)</p> <p>_____ Physician's Signature</p> <p>Date/Time: _____</p> <p><b>For IV Moderate (Conscious) Sedation Patients only:</b></p> <p>Physician Plan for Cons. Sedation: Mild Moderate Deep</p> <p>Airway Assessment Complete: ___ YES ___ NO</p> <p>ASA Assessment: I II III IV V E</p> <p><input type="checkbox"/> Risks, benefits, alternatives explained, questions answered.</p> <p><input type="checkbox"/> Patient/family accepted plan for Conscious Sedation</p> <p><input type="checkbox"/> Patient re-evaluated immediately prior to sedation.</p>
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**POST PROCEDURE FINDINGS**

<p>FINDINGS</p>	
<p>COMMENTS</p>	
<p>INSTRUMENT: _____</p> <p>ANESTHESIA: _____</p> <p>DATE _____ PHYSICIAN SIGNATURE _____ M.D.</p>	

