

Supplemental Information

PREPROCEDURE	INTRAPROCEDURE	Postprocedure / Predischarge
Completed by Sedation RN	Completed by Sedation RN (Pre-induction)	Completed by Sedation RN
Prescreen/Risk Stratification completed and discussed with MD? <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirm all team members in the room. <input type="checkbox"/> Yes <input type="checkbox"/> No	Fulfills discharge criteria (Stewart Score—refer to page 2) <input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment check completed? (refer to page 2) <input type="checkbox"/> Yes <input type="checkbox"/> No	Is patient identification and timeout complete? <input type="checkbox"/> Yes <input type="checkbox"/> No Is site verified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	For outpatient: Postsedation handout discussed with parent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies to meds/eggs/soy? Yes <input type="checkbox"/> No <input type="checkbox"/> NPO guidelines met? <input type="checkbox"/> Yes <input type="checkbox"/> No Consent? <input type="checkbox"/> Yes <input type="checkbox"/> No Labs/results pending <input type="checkbox"/> Yes <input type="checkbox"/> No	Are all preprocedural checklist items complete? <input type="checkbox"/> Yes <input type="checkbox"/> No	For inpatients : Handoff given by sedating RN/MD to inpatient team <input type="checkbox"/> Yes <input type="checkbox"/> No
Obesity identification Weight >95 percentile <input type="checkbox"/> Yes <input type="checkbox"/> No BMI _____ (BMI= wt in kg divided by height in meters ²) If weight >95th percentile for age and gender, calculate BMI and dosing weight. If BMI >36 refer to GA Dosing Weight Calculated? <input type="checkbox"/> Yes <input type="checkbox"/> No (Dosing weight = actual weight + 95th percentile weight kg / 2)	START INDUCTION Completed by RN (postinduction)	<input type="checkbox"/> For ICU patients : discharge criteria N/A
Completed by sedation M.D.	Achieved level of sedation documented (refer to page 2) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is risk stratification completed (refer to page 2)? <input type="checkbox"/> Yes <input type="checkbox"/> No Is patient high risk or potential GA criteria (refer to page 2)? <input type="checkbox"/> Yes <input type="checkbox"/> No ASA status is _____ Sedation plan discussed with team Y N (mention drugs and dosages for sedation induction and maintenance)	Location <input type="checkbox"/> ER <input type="checkbox"/> PICU <input type="checkbox"/> sedation services Adverse event <input type="checkbox"/> Yes <input type="checkbox"/> No QA (pink) sheet filled <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sedation MD to ASK procedural MD/tech		
<input type="checkbox"/> How long is the case and how painful is it?		
<input type="checkbox"/> Are there any nonroutine steps?		
Any specific concerns related to procedure <input type="checkbox"/> Yes <input type="checkbox"/> No		
Completed by sedation RN		
Medication Safety Drug Double Check? <input type="checkbox"/> Yes <input type="checkbox"/> No Maximum doses per dosing guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SUPPLEMENTAL FIGURE 3 Procedural sedation safety checklist: deep sedation patient label.

Checklist for procedural sedation reference :

1. **Risk stratification: High-risk patients. (discuss sedation plan with attending, ensure appropriate resources)**
BMI > 95 percentile for age, uncontrolled asthma, severe snoring, stridor, liver or kidney disease, metabolic, mitochondrial diseases, neuromuscular diseases, severe GERD, ileus, brain tumors, altered mental status, ASA >3, craniofacial anomalies, Down syndrome, airway surgeries, history of failed sedation, severe aggression or autism, age <3 months, cardiac disease, uncontrolled seizures, severe MRCP, acute respiratory symptoms or signs.
2. **Risk stratification: Potential GA patients (consider referral to GA, PICU, anesthesia consultation or elective intubation for following cases as indicated)**
Mediastinal mass, complex congenital heart disease, cyanotic heart disease, pulmonary hypertension, shock or hemodynamic instability, single ventricle, BMI >36, risk for difficult airway(syndromes such as Treacher Collins, Cornelia de Lange, Klippel Feil, Pierre Robin, midface hypoplasia, etc) OSA, GCS <10, risk for aspiration, elevated intracranial pressure, progressive hypotonia, ASA >4, postconceptional age <50 weeks, current history of apnea.
3. **Equipment check:**
Functioning suction device
BVM appropriate size and functioning
O₂ available and checked. **ALL patients should receive supplemental oxygen with ETco₂ monitoring or direct clinical ventilation monitoring.**
Pulsoximeter operative
CRM, BP monitor operative
ETco₂ operative if applicable
Crash cart with airway equipment available
Defibrillator easily available
4. **Achieved level of sedation or sedation scale**
4 – Awake and alert
3 – Minimally sedated: appropriate response to verbal conversation or sounds
2 – Moderately sedated: easily aroused with light tactile stimulation or a simple verbal command
1 – Deeply sedated: arousable only with significant physical stimulation or deep pain
0 – Unarousable sedation or GA

5. Discharge criteria/ Stewart scale

Discharge Criteria			Pre	Post	Discharge Instruction
Awake	Fully awake	2			Pt. discharged to:
	Arousable	1			
	Unresponsive	0			
Airway	Can cough or cry	2			With whom:
	Breathing easily	1			
	Requires attention	0			
Movement	Purposeful	2			Nurse:
	Involuntary	1			Nurse:
	Not moving	0			
Total					

SUPPLEMENTAL FIGURE 3 Continued.