

# PROCEDURAL SEDATION RECOVERY



Awaiting recovery and discharge after procedural sedation e.g. DCR, dislocated shoulder reduction	
EXCLUSION CRITERIA	
ABSOLUTE	RELATIVE
<ul style="list-style-type: none"> <li>Other injury or pathology requiring admission e.g. cardiac ischaemia, ongoing AF, traumatic injury requiring further definitive treatment</li> <li>Complication of sedation e.g. aspiration, intubation</li> <li>Ongoing respiratory or haemodynamic compromise</li> </ul>	<ul style="list-style-type: none"> <li>Poor baseline mobility</li> </ul>

KEY CONSIDERATIONS DURING SSU ADMISSION
<ul style="list-style-type: none"> <li>Observe till return of baseline conscious state, mentation and mobility</li> <li>ACE referral as required, more likely in older age groups</li> <li>Ensure associated pathology is excluded e.g. cardiac ischaemia in RAF DCR</li> <li>Ensure post procedure care e.g. post reduction xray, VFRAC referral, POP care advice</li> </ul>

REFERRAL CRITERIA	DISCHARGE CRITERIA
<ul style="list-style-type: none"> <li>Poor mobility</li> <li>Identification of other pathology requiring admission</li> </ul>	<ul style="list-style-type: none"> <li>Return of baseline function, mentation and mobility</li> <li>No ongoing adverse effects from sedation</li> </ul>

DISCHARGE REQUIREMENTS
<ul style="list-style-type: none"> <li>Post procedure care advice e.g. mobility limitations, follow-up appointments</li> <li>ACE / Allied health team satisfied (where indicated)</li> <li>VTE (DVT) risk assessment if lower limb injuries and discussion of anticoagulation</li> <li>LMO review prn</li> <li>Transport home and carer advice</li> </ul>

NURSE INITIATED DISCHARGE CRITERIA	
Medical staff to check: <ul style="list-style-type: none"> <li><input type="checkbox"/> All investigations reviewed and results actioned</li> <li><input type="checkbox"/> Discharge documentation and patient education completed</li> </ul>	NID: <b>Appropriate/ Not Appropriate</b> Signature
Outcomes pending (to be filled in by MO):	
Nursing staff to check: <ul style="list-style-type: none"> <li><input type="checkbox"/> All "discharge criteria and requirements" met</li> <li><input type="checkbox"/> Vital signs normal</li> <li><input type="checkbox"/> Follow-up appointments requested</li> <li><input type="checkbox"/> Transport home available</li> </ul>	NID: <b>Appropriate/ Not Appropriate</b> Signature