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### Pre-Sedation Assessment

Patient Name: \_\_\_\_\_

DOB (D/M/Y) \_\_\_\_\_

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

1. Neck Mobility Issues: (have patient touch chin to chest and then look straight up at ceiling):

\_\_\_\_\_

2. Mallampati Score: Class: \_\_\_\_\_

3. 3-3-2 Rule Pass / Fail

4. Respiratory Assessment: Air Entry / Adventitious Sounds (listen only if needed: COPD, CHF, Asthma):

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

5. Body Mass Index: \_\_\_\_\_

6. ASA Score: \_\_\_\_\_

7. Baseline Vitals

a. BP: \_\_\_\_\_

b. O2 saturation: \_\_\_\_\_

c. HR: \_\_\_\_\_

d. Respiratory Rate: \_\_\_\_\_

8. Preoperative Instructions Given: \_\_\_\_\_

9. Consent Signed: \_\_\_\_\_

10. Post Operative Instructions Given: \_\_\_\_\_

11. Notes such as other physical findings:

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

Assessor: \_\_\_\_\_