



TYPE A

Parenteral Conscious Sedation Checklist of Sedation Equipment and Emergency Drugs

It is the facility permit holder’s responsibility to ensure that all required emergency and other equipment is available and emergency drugs are on-site and current whenever sedation is being administered in the facility.

SEDATION/ANESTHESIA TEAM

Please provide the following documentation for each **facility-based** ORAL MODERATE CONSCIOUS or PARENTERAL CONSCIOUS SEDATION provider AND team member.

SEDATION PROVIDER	
Current CPR [HCP or equivalent, ACLS or PALS]	<input type="checkbox"/>
SEDATION TEAM MEMBER	
Current CPR [HCP or equivalent, ACLS or PALS]	<input type="checkbox"/>
Current registration with their regulatory body – CNO or CRTO	<input type="checkbox"/>

SEDATION/ANESTHESIA DOCUMENT

Please provide the following documentation for **EACH** sedation/ anesthesia provider in the facility

Medical History	<input type="checkbox"/>
Out-of-facility Instructions for sedatives/anxiolytics [if applicable]	<input type="checkbox"/>
Pre-Sedation Instructions	<input type="checkbox"/>
Post-Sedation Instructions	<input type="checkbox"/>
Drug Register	<input type="checkbox"/>
Facility Emergency Protocols	<input type="checkbox"/>
5 sedation/anesthesia records (this applies to re-inspections only)	<input type="checkbox"/>

EQUIPMENT

EQUIPMENT MAINTENANCE RECORDS	
Please provide the written record of the annual maintenance/ servicing or invoices (if purchased within the past year), on any automated monitors or equipment used on the patient. For RE-INSPECTIONS, please provide those records for the previous 3 years.	
Monitor(s) or pulse oximeter(s)	<input type="checkbox"/>
Nitrous oxide oxygen delivery system	<input type="checkbox"/>

EQUIPMENT	
Size of the equipment is required to reflect the population treated	
Portable apparatus for intermittent positive pressure resuscitation of appropriate sizes [Adult Pediatric]	<input type="checkbox"/>
Full face masks of appropriate sizes [Sm, Med, Lrg] and connectors for the administration of positive pressure.	<input type="checkbox"/>
Monitor(s) or pulse oximeter(s)	<input type="checkbox"/>
Stethoscope	<input type="checkbox"/>
Sphygmomanometers of appropriate sizes [Sm, Med, Lrg]	<input type="checkbox"/>
Portable auxiliary system for light	<input type="checkbox"/>
Portable auxiliary system for battery-powered suction	<input type="checkbox"/>
Tonsil suction (Yankauer) adaptable to the suction outlet	<input type="checkbox"/>
Endotracheal tubes of appropriate sizes [4 5 6 7 8 9] OR laryngeal mask airways of appropriate sizes [2 2.5 3 4 5] and appropriate connectors	<input type="checkbox"/>
Laryngoscope with an adequate selection of blades [1 2 3 4]	<input type="checkbox"/>
Laryngoscope spare batteries	<input type="checkbox"/>
Laryngoscope spare bulbs	<input type="checkbox"/>
Magill forceps of appropriate sizes [Adult Pediatric]	<input type="checkbox"/>
Adequate selection of oral airways [6 7 8 9 10 11]	<input type="checkbox"/>
Apparatus for emergency tracheotomy or cricothyroid membrane puncture [Adult Pediatric]	<input type="checkbox"/>
IV Needles	<input type="checkbox"/>

(continued)

DRUGS

Portable E size cylinder of oxygen dedicated to emergencies	<input type="checkbox"/>
Acetylsalicylic Acid (non-enteric coated)	<input type="checkbox"/>
Epinephrine	<input type="checkbox"/>
Flumazenil	<input type="checkbox"/>
Intravenous fluids	<input type="checkbox"/>
Naloxone [ONLY REQUIRED IF OPIOIDS USED]	<input type="checkbox"/>
Nitroglycerin	<input type="checkbox"/>
Parenteral Atropine	<input type="checkbox"/>
Parenteral Corticosteroid	<input type="checkbox"/>
Parenteral Diphenhydramine	<input type="checkbox"/>
Parenteral Vasopressor [i.e. Ephedrine]	<input type="checkbox"/>
Salbutamol	<input type="checkbox"/>