

# Sample DOCUMENTATION SHEET

## Emergency Psychotropic Medication

See Policy J-I-02

Date:

Time:

Patient Name:

DOB:

### Documentation of Need for Chemical Sedation

Does the patient represent a threat to himself/herself? Yes\_\_\_\_\_ No\_\_\_\_\_

Describe relevant behavior:

Does the patient represent a threat to others? Yes\_\_\_\_\_ No\_\_\_\_\_

Describe relevant behavior:

Have other treatment modalities been tried? Yes\_\_\_\_\_ No\_\_\_\_\_

List other treatment modalities which have failed:

### Documentation of Medical Condition

Does the patient have current respiratory distress? Yes\_\_\_\_\_ No\_\_\_\_\_

O2 saturation:

Time measured:

Does the patient have evidence of diabetes? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes--Blood sugar:

Time Measured:

Does the patient have allergy to sedation agents used? Yes\_\_\_\_\_ No\_\_\_\_\_

### Documentation of Lack of Consent

Is the patient accepting the chemical sedation voluntarily? Yes\_\_\_\_\_ No\_\_\_\_\_

Witnesses:

