



Blue Ridge Emergency Medical Services Council, Inc.

Conscious Sedation/Excited Delirium

Quality Control Form

Date: _____

Incident #: _____

Agency: _____

Provider Certification #: _____

Patient Info: Age: _____ Sex: Male Female Race: _____ Weight: _____ lbs kg

Type of Call: Trauma Medical

Indication for Use (check):

- Chemical extrication (entrapments)
- Extremity fractures/dislocations with circulatory compromise
- Excited delirium – not responding to Versed

Pharmacological Agents

Fentanyl	Dose: _____ mcg	Route: <input type="checkbox"/> IV <input type="checkbox"/> IO
Versed	Dose: _____ mg	Route: <input type="checkbox"/> IV <input type="checkbox"/> IO
Lorazepam	Dose: _____ mg	Route: <input type="checkbox"/> IV <input type="checkbox"/> IO
Ketamine	Dose: _____ mg	Route: <input type="checkbox"/> IV <input type="checkbox"/> IO
Zofran	Dose: _____ mg	Route: <input type="checkbox"/> IV <input type="checkbox"/> IO

Blood Pressure Pre: _____ mmHg During: _____ mmHg Post: _____ mmHg

Heart Rate: Pre: _____ BPM During: _____ BPM Post: _____ BPM

Complications (check):

- Hypertension
- Tachycardia
- Hypersalivation
- Nausea/Vomiting
- Hallucinations