

Date:	Name:	HCR:	Weight:
Procedure:			
Entonox® Prescribed			Yes <input type="checkbox"/> No <input type="checkbox"/>
(Do not proceed unless prescribed)			

Contraindications (if any Yes responses check with medical practitioner / Acute Pain Service)

Pneumothorax- chest injury	Yes <input type="checkbox"/> No <input type="checkbox"/>
Airway obstruction or history of difficult airway management.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Head Injury with loss of consciousness	Yes <input type="checkbox"/> No <input type="checkbox"/>
Increased risk of airway loss, acute respiratory infection (URTI) , difficult airway or exacerbation of asthma	Yes <input type="checkbox"/> No <input type="checkbox"/>
Severe Bullous emphysema	Yes <input type="checkbox"/> No <input type="checkbox"/>
Intestinal obstruction or abdominal distension	Yes <input type="checkbox"/> No <input type="checkbox"/>
Maxillofacial injuries	Yes <input type="checkbox"/> No <input type="checkbox"/>
Increase in pulmonary vascular pressure e.g. Pulmonary Hypertension.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Middle ear occlusion / pathology	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any depressed conscious level e.g. alcohol or drug intoxication	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any recent underwater dive	Yes <input type="checkbox"/> No <input type="checkbox"/>

Relative Contraindication
Children who have already received sedation – In this situation, please discuss the child's care with Acute Pain Service or the Anaesthetic Consultant. (Note: the use of Opiates for analgesic effect does not out-rule the use of Entonox[®])

Special Precautions
Exposure to nitrous oxide depletes the body's stores of vitamin B12 and very rarely this can precipitate neurological complications. **Careful thought should be given to those:** who use Entonox frequently, those with poor intake or with malabsorption syndrome, those on synthetic diets (e.g. phenylketonuria, maple syrup urine disease).

Staff or parent in the first trimester of pregnancy may wish to avoid the area while Entonox is in use

Used Entonox previously:

Outcome:

Pre-Entonox:

Oxygen Saturation:	
Respiration Rate:	_____ / min.
Heart Rate:	_____ / min

Pre Entonox® Risk Assessment (see above)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments
Allergies	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Analgesic administered prior to procedure if appropriate	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Equipment Check		
Entonox equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Suction and oxygen available and working	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Pulse oximeter required (if cardiac/respiratory condition)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Resuscitation Equipment & Drugs	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Area well ventilated or scavenging equipment available	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Adequate staff available	Yes <input type="checkbox"/> No <input type="checkbox"/>	
During Procedure		
Child using Entonox well	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Side effects (list) or adverse events	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Observations and Sedation level monitored (see over)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Post Procedure		
Patient returned to baseline level of sedation	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Observations within normal limits	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Would child use Entonox again?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Documentation in Health care Record	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Clean handset and tubing	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Entonox cylinder needs replacing (contact fitter)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Entonox cylinder returned to storage area	Yes <input type="checkbox"/> No <input type="checkbox"/>	

If pain score $\geq 7/10$ STOP procedure, encourage child to use Entonox
If sedation score of ≥ 3 STOP Entonox and administer Oxygen

Start Time	0	5	10	15	20	25	30	35	40	45	50	55
SpO ₂												
Respiratory rate (if appropriate)												
Heart rate (if appropriate)												
Sedation												
Awake and Alert = 0												
Minimally sedated = 1												
Moderately Sedated = 2												
Deep sedation = 3												
Unrousable = 4												
Pain score 0-10												
Nausea												

Pain Score	Nausea Score	Sedation Score
0 = No pain	0 = none	0 = AWAKE & ALERT eyes open spontaneously
1-3 = Mild Pain	1 = Nausea only	1 = EYES OPEN TO SPEECH. Patient responds to verbal commands.
4-6 = Moderate Pain	2 = Vomited once since last score	2 = EYES OPEN TO SHAKE A drug-induced state of depressed consciousness with preserved airway protective reflexes. Easily roused with tactile stimulation or verbal command.
7-10 = Severe Pain	3 = Vomited more than once	3 = DEEP SEDATION may be accompanied by partial or complete loss of protective airway reflexes. Unable to respond to physical stimulation or verbal command
		4=UNROUSABLE

Time Entonox commenced:
Duration:
Outcome:
Other comments:

Name of person carrying out procedure:	Name of Entonox® administrator:
Date: Time:	Date: Time: