

Printed Name: _____

Department: _____

Section: _____

Dear Doctor:

You have either requested or been approved to perform conscious sedation on your patients at Nationwide Children's Hospital, Inc. In accordance with the Nationwide Children's Hospital policy on Sedation: Use and Monitoring in Pediatric Patients, you must read the booklet entitled Sedation Drug Guidelines. These guidelines contain specific information concerning the drugs approved for use in conscious sedation, and the reversal agents that may be needed to counter their effects. To attest to your reading of this document, please sign and date the attestation statement below, and return it to the Nationwide Children's Hospital Medical Staff Office.

If you have any question regarding this mandatory requirement, please contact Richard McClead, MD, Chairman, Conscious Sedation Advisory Group. He can be reached at (614) 722-4529.

Thank you in advance for your immediate attention to this matter.

*NATIONWIDE CHILDREN'S HOSPITAL
MEDICAL STAFF OFFICE*

I attest that I have read the Sedation Drug Guidelines material as required for initial approval or continuation of any privilege to administer conscious sedation to my patients at Nationwide Children's Hospital.

SIGNATURE

Date

**SIGN, DATE AND RETURN THIS DOCUMENT TO
NATIONWIDE CHILDREN'S HOSPITAL
1ST FLOOR, ROSS HALL
700 CHILDREN'S DRIVE
COLUMBUS OH 43205
FAX (614) 722-6761**

Sedation attestation