Cardiology Consultation for Pediatric Dental Patients

To: _____ Date: _____

_____

_____

Re: Patient: _____ Nickname: _____ DOB _____/_____/_____

Parent/Legal guardian: _____ Phone: _____

Summary of oral health findings and planned procedures following an oral examination on _____

Findings: ❑ Gingivitis ❑ Caries ❑ Pulpitis/pain ❑ Infection/abscess ❑ Traumatic injury ❑ _____

Planned procedures: ❑ Cleaning ❑ Restoration(s) ❑ Extraction(s) ❑ _____

❑ Sedation/general anesthesia (due to ❑ fear/anxiety ❑ inability to cooperate ❑ complex dental needs ❑ patient safety)

Please provide the following information to help minimize medical risks as this patient undergoes dental care

Cardiovascular diagnoses: _____

_____ ❑ See attachment

The cardiac disease is: ❑ repaired ❑ palliated (partial repair with residual defect) ❑ in proximate need of re-repair ❑ unrepaired ❑ N/A

When this individual undergoes invasive dental treatment, the patient's cardiovascular condition (*check all that apply*):

❑ does not pose a significant risk for adverse cardiovascular outcomes nor requires preprocedural interventions.

❑ poses a significant risk for infective endocarditis that warrants antibiotic prophylaxis (to be prescribed by the ❑ cardiologist or ❑ dentist).

❑ poses a significant risk for other cardiovascular complication(s). ***Please discuss needed interventions below.*****

❑ is uncorrected and/or a constant threat to life.** Management of this patient requires direct communication.†

Could perioperative risks reasonably be decreased via medical optimization if dental intervention is deferred? ❑ NO ❑ YES**

Is local anesthetic containing vasoconstrictor (e.g., epinephrine) contraindicated? ❑ NO ❑ YES**

Is inhaled nitrous oxide/oxygen analgesia/anxiolysis contraindicated? ❑ NO ❑ YES**

Is office-based minimal or moderate sedation using the following proposed parameters contraindicated? ❑ NO ❑ YES**

Dentist to specify *agents/monitors/personnel:* _____

_____

If deep sedation/general anesthesia is medically necessary for this patient to receive dental care, which setting(s) would be appropriate (*check all that apply*)?

❑ Traditional dental office ❑ Free-standing ambulatory surgery center ❑ Community hospital ❑ Children's hospital

❑ Specific institution: _____

Are preoperative laboratory tests indicated? ❑ NO ❑ YES**

May the patient's antithrombotic medication regimen be reduced? ❑ N/A ❑ NO ❑ YES**

** Please discuss risks/interventions, optimization, contraindications, and/or additional considerations or recommendations (e.g., vital sign parameters, need for concurrent procedure if sedated): _____

_____

_____

_____

_____

_____

_____

_____

Signature: _____ †Direct phone: _____/_____/_____ Date: _____

Please return this form to: _____