

# Sedation Record

## Patient Selection Criteria

Date: \_\_\_\_\_

Patient: \_\_\_\_\_  M  F Age: \_\_\_\_\_yr \_\_\_\_\_mo Weight: \_\_\_\_\_kg Physician: \_\_\_\_\_

- Indication for sedation:  Fearful/anxious patient for whom basic behavior guidance techniques have not been successful  
 Patient unable to cooperate due to lack of psychological or emotional maturity and/or mental, physical, or medical disability  
 To protect patient's developing psyche  
 To reduce patient's medical risk

Medical history/review of systems (ROS)	NONE	YES*	Describe positive findings: _____	Airway Assessment	NONE	YES*
Allergies &/or previous adverse drug reactions	<input type="checkbox"/>	<input type="checkbox"/>	_____	Obesity	<input type="checkbox"/>	<input type="checkbox"/>
Current medications (including OTC)	<input type="checkbox"/>	<input type="checkbox"/>	_____	Limited neck mobility	<input type="checkbox"/>	<input type="checkbox"/>
Relevant diseases, physical/neurologic impairment	<input type="checkbox"/>	<input type="checkbox"/>	_____	Micro/retrognathia	<input type="checkbox"/>	<input type="checkbox"/>
Previous sedation/general anesthetics	<input type="checkbox"/>	<input type="checkbox"/>	_____	Macroglossia	<input type="checkbox"/>	<input type="checkbox"/>
Snoring, obstructive sleep apnea, mouth breathing	<input type="checkbox"/>	<input type="checkbox"/>	_____	Tonsillar obstruction (____%)	<input type="checkbox"/>	<input type="checkbox"/>
Other significant findings (eg, family history)	<input type="checkbox"/>	<input type="checkbox"/>	_____	Limited oral opening	<input type="checkbox"/>	<input type="checkbox"/>

ASA classification:  I  II  III\*  IV\*  E \* Medical consultation indicated?  NO  YES Date requested: \_\_\_\_\_

Comments: \_\_\_\_\_

Is this patient a candidate for in-office sedation?  YES  NO Doctor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Plan	Name/relation to patient	Initials	Date	By
Informed consent obtained from	_____	_____	_____	_____
Pre-op instructions reviewed with	_____	_____	_____	_____
Post-op precautions reviewed with	_____	_____	_____	_____

## Assessment on Day of Sedation

Date: \_\_\_\_\_

Accompanied by: \_\_\_\_\_ Relationship(s) to patient: \_\_\_\_\_

Medical Hx & ROS update	NO	YES	NPO status	Airway assessment	NO	YES	Checklist
Change in medical hx/ROS	<input type="checkbox"/>	<input type="checkbox"/>	Clear liquids _____hrs	Upper airway clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Appropriate transportation home
Change in medications	<input type="checkbox"/>	<input type="checkbox"/>	Milk, other liquids, &/or foods _____hrs	Lungs clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Monitors functioning
Recent respiratory illness	<input type="checkbox"/>	<input type="checkbox"/>	Medications _____hrs	Tonsillar obstruction (____%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Emergency kit, suction, & O <sub>2</sub> available
Weight: _____kg							

Vital signs (If unable to obtain, check  and document reason: \_\_\_\_\_)

Blood pressure: \_\_\_\_\_/\_\_\_\_\_ mmHg Resp: \_\_\_\_\_/min Pulse: \_\_\_\_\_/min Temp: \_\_\_\_\_°F SpO<sub>2</sub>: \_\_\_\_\_%

Comments: \_\_\_\_\_

Presedation cooperation level:  Unable/unwilling to cooperate  Rarely follows requests  Cooperates with prompting  Cooperates freely

Behavioral interaction:  Definitively shy and withdrawn  Somewhat shy  Approachable

Guardian was provided an opportunity to ask questions, appeared to understand, and reaffirmed consent for sedation?  YES  NO

## Drug Dosage Calculations

### Sedatives

Agent \_\_\_\_\_ Route \_\_\_\_\_ mg/kg X \_\_\_\_\_ kg = \_\_\_\_\_ mg ÷ \_\_\_\_\_ mg/mL = \_\_\_\_\_ mL  
 Agent \_\_\_\_\_ Route \_\_\_\_\_ mg/kg X \_\_\_\_\_ kg = \_\_\_\_\_ mg ÷ \_\_\_\_\_ mg/mL = \_\_\_\_\_ mL  
 Agent \_\_\_\_\_ Route \_\_\_\_\_ mg/kg X \_\_\_\_\_ kg = \_\_\_\_\_ mg ÷ \_\_\_\_\_ mg/mL = \_\_\_\_\_ mL

### Emergency reversal agents

For narcotic: NALOXONE IV, IM, or subQ Dose: 0.1 mg/kg X \_\_\_\_\_ kg = \_\_\_\_\_ mg (Maximum dose: 2 mg; may repeat)

For benzodiazepine: FLUMAZENIL IV (preferred), IM Dose: 0.01 mg/kg X \_\_\_\_\_ kg = \_\_\_\_\_ mg (Maximum dose: 0.2 mg; may repeat up to 4 times)

### Local anesthetics (maximum dosage based on weight)

Lidocaine 2% (34 mg/ 1.7 mL cartridge) 4.4 mg/kg X \_\_\_\_\_ kg = \_\_\_\_\_ mg (not to exceed 300 mg total dose)  
 Articaine 4% (68 mg/ 1.7 mL cartridge) 7 mg/kg X \_\_\_\_\_ kg = \_\_\_\_\_ mg (not to exceed 500 mg total dose)  
 Mepivacaine 3% (51 mg/ 1.7 mL cartridge) 4.4 mg/kg X \_\_\_\_\_ kg = \_\_\_\_\_ mg (not to exceed 300 mg total dose)  
 Prilocaine 4% (68 mg/ 1.7 mL cartridge) 6 mg/kg X \_\_\_\_\_ kg = \_\_\_\_\_ mg (not to exceed 400 mg total dose)  
 Bupivacaine 0.5% (8.5 mg/ 1.7 mL cartridge) 1.3 mg/kg X \_\_\_\_\_ kg = \_\_\_\_\_ mg (not to exceed 90 mg total dose)

**Intraoperative Management and Post-Operative Monitoring**

EMS telephone number: \_\_\_\_\_

Monitors:  Observation  Pulse oximeter  Precordial/pretracheal stethoscope  Blood pressure cuff  Capnograph  EKG  Thermometer  
 Protective stabilization/devices:  Papoose  Head positioner  Manual hold  Neck/shoulder roll  Mouth prop  Rubber dam  \_\_\_\_\_

TIME	Baseline	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
Sedatives <sup>1</sup>																		
N <sub>2</sub> O/O <sub>2</sub> (%)																		
Local <sup>2</sup> (mg)																		
O <sub>2</sub> sat																		
Pulse																		
BP																		
Resp																		
CO <sub>2</sub>																		
Procedure <sup>3</sup>																		
Comments <sup>4</sup>																		
Sedation level*																		
Behavior <sup>†</sup>																		

1. Agent \_\_\_\_\_ Route \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_ Administered by \_\_\_\_\_  
 Agent \_\_\_\_\_ Route \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_ Administered by \_\_\_\_\_  
 Agent \_\_\_\_\_ Route \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_ Administered by \_\_\_\_\_

2. Local anesthetic agent \_\_\_\_\_  
 3. Record dental procedure start and completion times, transfer to recovery area, etc.  
 4. Enter letter on chart and corresponding comments (eg, complications/side effects, airway intervention, reversal agent, analgesic) below:  
 A. \_\_\_\_\_ B. \_\_\_\_\_  
 C. \_\_\_\_\_ D. \_\_\_\_\_

Sedation level\* Behavior/ responsiveness to treatment<sup>†</sup>  
 None (typical response/ cooperation for this patient) Excellent: quiet and cooperative  
 Mild (anxiolysis) Good: mild objections &/or whimpering but treatment not interrupted  
 Moderate (purposeful response to verbal commands ± light tactile sensation) Fair: crying with minimal disruption to treatment  
 Deep (purposeful response after repeated verbal or painful stimulation) Poor: struggling that interfered with operative procedures  
 General Anesthesia (not arousable) Prohibitive: active resistance and crying; treatment cannot be rendered

Overall effectiveness:  Ineffective  Effective  Very effective  Overly sedated  
 Additional comments/treatment accomplished: \_\_\_\_\_

**Discharge**

<p><b>Criteria for discharge</b></p> <input type="checkbox"/> Cardiovascular function is satisfactory and stable. <input type="checkbox"/> Protective reflexes are intact. <input type="checkbox"/> Airway patency is satisfactory and stable. <input type="checkbox"/> Patient can talk (return to pre-sedation level). <input type="checkbox"/> Patient is easily arousable. <input type="checkbox"/> Patient can sit up unaided (return to pre-sedation level). <input type="checkbox"/> Responsiveness is at or very near pre-sedation level <input type="checkbox"/> State of hydration is adequate. (especially if very young or special needs child incapable of the usually expected responses).	<p><b>Discharge vital signs</b></p> Pulse: _____ / min SpO <sub>2</sub> : _____ % BP: _____ / _____ mmHg Resp: _____ / min Temp: _____ °F
<p><b>Discharge process</b></p> <input type="checkbox"/> Post-operative instructions reviewed with _____ by _____ <input type="checkbox"/> Transportation <input type="checkbox"/> Airway protection/observation <input type="checkbox"/> Activity <input type="checkbox"/> Diet <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Fever <input type="checkbox"/> Rx <input type="checkbox"/> Anesthetized tissues <input type="checkbox"/> Dental treatment rendered <input type="checkbox"/> Pain <input type="checkbox"/> Bleeding <input type="checkbox"/> _____ <input type="checkbox"/> Emergency contact <input type="checkbox"/> Next appointment on: _____ for _____	
<p>I have received and understand these discharge instructions. The patient is discharged into my care at _____ <input type="checkbox"/> AM <input type="checkbox"/> PM                  Signature: _____ Relationship: _____ After hours number: _____</p>	

Operator \_\_\_\_\_ Chairside \_\_\_\_\_ Monitoring \_\_\_\_\_  
 Signature: \_\_\_\_\_ Assistant: \_\_\_\_\_ Personnel signature: \_\_\_\_\_

**Post-op call**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_ Spoke to: \_\_\_\_\_ Comments: \_\_\_\_\_