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 &/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:
Allergies &/or previous adverse drug reactions	❑	❑	
Current medications (including OTC)	❑	❑	
Relevant diseases, physical /neurologic impairment	❑	❑	
Previous sedation/general anesthetics	❑	❑	
Snoring, obstructive sleep apnea, mouth breathing	❑	❑	
Other significant findings (eg, family history)	❑	❑	

Airway Assessment	NO	YES*
Obesity	❑	❑
Limited neck mobility	❑	❑
Micro/ retrognathia	❑	❑
Macroglossia	❑	❑
Tonsillar obstruction (___%)	❑	❑
Limited oral opening	❑	❑

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	Check list
Change in medical hx /ROS	❑	❑	Clear liquids ____hrs	Upper airway clear	❑	❑	❑ Appropriate transportation home
Change in medications	❑	❑	Milk, other liquids	Lungs clear	❑	❑	❑ Monitors functioning
Recent respiratory illness	❑	❑	&/or foods ____hrs	Tonsillar obstruction (___%)	❑	❑	❑ Emergency kit, suction, & O_2 available
Weight:_____kg			Medications ____hrs				

Vital signs (If unable to obtain, check ❑ and document reason:_____)

Blood pressure:____/____mmHg Resp:____/min Pulse:____/min Temp:____°F SpO_2:____%

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Behavioral interaction: ❑ Definitively shy and withdrawn ❑ Somewhat shy ❑ Approachable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

Reversal agent

For narcotic: NALOXONE IV, IM, or subQ Dose: 0.01 mg/kg X____kg =____mg (May repeat after 2-3 minutes)

For benzodiazepine: FLUMAZENIL IV Dose: 0.01 mg/kg X ____kg=____mg (NOT to exceed 0.2 mg/min & total dose of 1mg)

Local anesthetics (maximum dosage based on weight)

Lidocaine 2%	(34 mg/1.7mL cartridge)	4.4 mg/kg X	_____kg = _____	mg (not to exceed 300 mg total dose)
Articaine 4%	(68mg/1.7mL 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/1.7mL cartridge)	6 mg/kg X	_____kg = _____	mg (not to exceed 400 mg total dose)
Bupivacaine 0.5%	(8.5mg/1.7mL cartridge)	1. 3 mg/kg X	_____kg = _____	mg (not to exceed 500 mg total dose)

SEDATION RECORD

INTRAOPERATIVE MANAGEMENT & 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[1]																	
N_2O/O_2 (%)																	
Local[2] (mg)																	
O_2 sat																	
Pulse																	
BP																	
Resp																	
CO_2																	
Procedure[3]																	
Comments[4]																	
Sedation level*																	
Behavior*																	

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. _____ C. _____
   B. _____ D. _____

Sedation level*
- None (typical response/cooperation for this patient)
- Mild (anxiolysis)
- Moderate (purposeful response to verbal commands + light tactile sensation)
- Deep (purposeful response after repeated verbal or painful stimulation)
- General Anesthesia (not arousable)

Behavior/responsiveness to treatment*
- Excellent: quiet and cooperative
- Good: mild objections &/or whimpering but treatment not interrupted
- Fair: crying with minimal disruption to treatment
- Poor: struggling that interfered with operative procedures
- Prohibitive: active resistance and crying; treatment cannot be rendered

Overall effectiveness: ❑ Ineffective ❑ Effective ❑ Very effective ❑ Overly sedated

Additional comments/treatment accomplished: _____

DISCHARGE

Criteria for discharge
- ❑ Cardiovascular function is satisfactory and stable.
- ❑ Airway patency is satisfactory and stable.
- ❑ Patient is easily arousable.
- ❑ Responsiveness is at or very near presedation level (especially if very young or special needs child incapable of the usually expected responses).
- ❑ Protective reflexes are intact.
- ❑ Patient can talk (return to presedation level).
- ❑ Patient can sit up unaided (return to presedation level).
- ❑ State of hydration is adequate

Discharge vital signs
- Pulse: _____/min
- SpO_2: _____%
- BP: _____/_____mmHg
- Resp: _____/min
- Temp: _____°F

Discharge process
- ❑ Post-operative instructions reviewed with _____ by _____
  - ❑ Transportation ❑ Airway protection/observation ❑ Activity ❑ Diet ❑ Nausea/vomiting ❑ Fever ❑ Rx _____
  - ❑ Anesthetized tissues ❑ Dental treatment rendered ❑ Pain ❑ Bleeding ❑ _____ ❑ Emergency contact
- ❑ Next appointment on: _____ for: _____

I have received and understand these discharge instructions. The patient is discharged into my care at _____ ❑ AM ❑ PM

Signature: _____ Relationship: _____ After hours phone number: _____

Operator signature: _____ Chairside assistant: _____ Monitoring personnel signature: _____

POST OP CALL Date: _____ Time: _____ By: _____ Spoke to: _____ Comments: _____