

# 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: \_\_\_\_\_