

# 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 (eg, 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 (eg, vital sign parameters, need for concurrent procedure if sedated). \_\_\_\_\_

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Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ † Direct phone: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to:** \_\_\_\_\_