**Sedation Record**

**Patient Selection Criteria**

Patient: __________________________ Birth Sex □ M □ F DOB / / Weight: _____kg Height: _____cm

Physician name/phone number: ____________

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)**

Allergies &/or previous adverse drug reactions □ YES □ NO

Current medications (including OTC, herbal) □ YES □ NO

Relevant diseases, physical/neurologic impairment □ YES □ NO

Previous sedation/general anesthetics □ YES □ NO

Snoring, obstructive sleep apnea, mouth breathing □ YES □ NO

Relevant birth, family, or social history □ YES □ NO

For female: Post-menarchal □ YES □ NO

**ASA classification:** □ I □ II □ II* □ III □ IV □ E

If any * is medical consultation indicated? □ YES □ NO

Date requested: ____________________

**Comments:** __________________________________________________________________________________________

Is this patient a candidate for in-office sedation? □ YES □ NO

Doctor's signature: __________________________ Date: __________________

**Plan**

Informed consent for sedation obtained from __________________________

for protective stabilization obtained from __________________________

Pre-op instructions reviewed with __________________________

Post-op precautions reviewed with __________________________

Scheduled for: Date: ______________ Time: ___________ with Dr.: __________________

**Assessment on Day of Sedation**

Accompanied by: __________________________ and __________________________

Relationships to patient: __________________________

**Medical Hx & ROS update**

<table>
<thead>
<tr>
<th>Change in medical hx/ROS</th>
<th>NO</th>
<th>YES</th>
<th>Clear liquids ___hrs</th>
<th>Upper airway clear</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in medications</td>
<td>□</td>
<td>□</td>
<td>Milk, other liquids,</td>
<td>Lungs clear</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Recent respiratory illness</td>
<td>□</td>
<td>□</td>
<td>&amp;/or foods ___hrs</td>
<td>Tonsillar obstruction (___%)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Pregnancy test indicated</td>
<td>□</td>
<td>□</td>
<td>Medications ___hrs</td>
<td>Weight: _____kg</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Date: __________ Test: __________ Results: __________

**NPO status**

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
<th>Airway assessment</th>
<th>NO</th>
<th>YES</th>
<th>Safety checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Limited neck mobility</td>
<td></td>
<td>□</td>
<td>□</td>
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<tr>
<td></td>
<td></td>
<td>Microretroglossia</td>
<td></td>
<td>□</td>
<td>□</td>
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<tr>
<td></td>
<td></td>
<td>Limited oral opening</td>
<td></td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Macroglossia</td>
<td></td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Brodsky grading scale: □ 1 □ 2 □ 3 □ 4

Mallampati classification: □ 1 □ 2 □ 3 □ 4

**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 to maintain reversal)

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; divide maximum dosage by agent concentration for maximum volume)**

- 2% Lidocaine 4.4 mg/kg X _____ kg = _____ mg (Not to exceed 300 mg total dose) + 20 mg/mL = _____ mL
- 4% Articaine 7 mg/kg X _____ kg = _____ mg (Not to exceed 500 mg total dose) + 40 mg/mL = _____ mL
- 3% Mepivacaine 4.4 mg/kg X _____ kg = _____ mg (Not to exceed 300 mg total dose) + 30 mg/mL = _____ mL
- 4% Prilocaine 6 mg/kg X _____ kg = _____ mg (Not to exceed 400 mg total dose) + 40 mg/mL = _____ mL
- 0.5% Bupivacaine 1.3 mg/kg X _____ kg = _____ mg (Not to exceed 90 mg total dose) + 5 mg/mL = _____ mL

**Behavioral interaction:**
- □ Unable/unwilling to cooperate
- □ Rarely follows requests
- □ Cooperates with prompting
- □ Cooperates freely

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

**Vital signs (If unable to obtain, check □ and document reason: ____________________________________________________________________________)

Blood pressure: __________/________ mmHg Respiration: ________/min Pulse: ________/min Temperature: _______°F SpO₂: _______%

Comments: __________________________________________________________________________________________

**Presedation cooperation level:**

- □ Unable/unwilling to cooperate
- □ Rarely follows requests
- □ Cooperates with prompting
- □ Cooperates freely

Guardian was provided an opportunity to ask questions, appeared to understand, and reaffirmed consent for sedation? □ YES □ NO
**Intraoperative Management and Post-Operative Monitoring**

**RESOURCES:** SEDATION RECORD

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Sedatives¹</td>
<td>N₂O/O₂ (%)</td>
<td>Local² (mg)</td>
<td>SpO₂</td>
<td>Blood pressure</td>
<td>Respiration</td>
<td>CO₂</td>
<td>Procedure³</td>
<td>Comments⁴</td>
<td>Sedation level*</td>
<td>Behavior†</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 (e.g., complications/side effects, airway intervention, reversal agent, analgesic) below:
   A. __________________________________ B. __________________________________ C. __________________________________
   D. __________________________________ E. __________________________________ F. __________________________________

   Sedation level *

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

   Overall effectiveness:   [ ] Ineffective [ ] Effective [ ] Very effective [ ] Overly sedated

   Additional comments/treatment accomplished:

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**Discharge**

<table>
<thead>
<tr>
<th>Criteria for discharge</th>
<th></th>
<th>Discharge vital signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular function is satisfactory and stable.</td>
<td>[ ]</td>
<td>Pulse: _______ / min</td>
</tr>
<tr>
<td>Airway patency is satisfactory and stable.</td>
<td>[ ]</td>
<td>SpO₂: _______%</td>
</tr>
<tr>
<td>Patient is easily arousable.</td>
<td>[ ]</td>
<td>BP: _______ / _______ mmHg</td>
</tr>
<tr>
<td>Responsiveness is at or very near presedation level</td>
<td></td>
<td>Resp: _______ / min</td>
</tr>
<tr>
<td>(especially if very young or special needs child incapable of the usually expected responses)</td>
<td></td>
<td>Temp: _______ °F</td>
</tr>
</tbody>
</table>

   Discharge process

   - Post-operative instructions reviewed with ____________________________ by ____________________________
   - Transportation | Airway protection/observation | Activity | Diet | Nausea/vomiting | Fever | Rx | Anesthetized tissues | Emergency contact
   - Dental treatment rendered | Pain | Bleeding |   |   |   |   |   |
   - 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 number: ____________________________

   Operator Signature: ____________________________ Chairside Assistant: ____________________________ Monitoring Personnel signature: ____________________________

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**Post-op call**

Date: ____________________________ Time: _________ By: ____________________________ Spoke to: ____________________________ Comments: ____________________________