Procedural Sedation Record

Patient Selection Criteria and Planning for Procedural Sedation

Date of Preprocedural Assessment: _____

Patient: _____ Birth sex: ❑ M ❑ F DOB: ____/____/_____ Weight: _____kg Height: _____cm

Physician name/phone number: _____ BMI: _____ BMI % for age: _____

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 and/or reduce medical risk

Medical history/review of systems (ROS)	NO	YES*	**Describe positive findings:** _____
Allergies &/or previous adverse drug reactions	❑	❑	_____
Current medications (including OTC, herbal)	❑	❑	_____
Relevant diseases	❑	❑	_____
Previous sedation/general anesthetics	❑	❑	_____
Physical/neurologic impairment	❑	❑	_____
Snoring, obstructive sleep apnea, mouth breathing	❑	❑	_____
Relevant birth, family, or social history	❑	❑	_____
For female: Post-menarchal	❑	❑	_____

Airway Assessment	NO	YES*
Limited neck mobility	❑	❑
Micro/retrognathia	❑	❑
Limited oral opening	❑	❑
Macroglossia	❑	❑
Brodsky grading scale: ❑ 1 ❑ 2 ❑ 3 ❑ 4		
Mallampati classification: ❑ I ❑ II ❑ III ❑ IV		

ASA classification: ❑ I ❑ II ❑ III* ❑ IV* ❑ E If any *, is medical consultation indicated? ❑ NO ❑ YES Date requested: _____

Comments: _____

_____

Is this patient a candidate for in-office (procedural) sedation? ❑ NO ❑ YES Doctor's signature: _____

Informed consent for ❑ sedation ❑ protective stabilization ❑ dental procedures ❑ other: _____
obtained from _____ (name/relation) by _____ (initials) on _____ (date)

Instructions for ❑ pre-op tests ❑ NPO ❑ pre-op medications ❑ post-op precautions ❑ other: _____
reviewed with _____ (name/relation) by _____ (initials) on _____ (date)

Scheduled for date: _____ Time: _____ with Dr.: _____

Reassessment on Day of Procedural Sedation

Date: _____

Accompanied by: _____ and _____ Relationships to patient: _____

Medical hx & ROS update	**NPO status**	**Airway assessment**	**Vital signs (if unable to obtain, ckeck ❑)**
Change in medical hx/ROS ❑ NO ❑ YES	Clear liquids ____hrs	Upper airway clear ❑ NO ❑ YES	Pulse: _____/min
Change in medications ❑ NO ❑ YES	Milk, other liquids, &/or foods ____hrs	Lungs clear ❑ NO ❑ YES	SpO_2: _____%
Recent respiratory illness/COVID ❑ NO ❑ YES		Tonsillar obstruction ❑ NO ❑ YES (___%)	BP: _____/ _____ mmHg
Pregnancy test indicated ❑ NO ❑ YES	Medications ____hrs	Weight: _____kg Height: _____cm	Resp: _____/min
Date: _____ Test: _____ Results: _____		BMI: _____ BMI % for age: _____	Temp: _____°F

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? ❑ NO ❑ YES

Comments: _____

_____

Safety Checklist

❑ Monitors tested & functioning as intended
❑ No contraindication to procedural sedation
❑ Emergency kit, suction, & high-flow oxygen
❑ Two adults present or extended time for discharge accepted

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 opioid: 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** is based on weight; to calculate **maximum volume**, divide maximum dosage by agent concentration)

2% Lidocaine 4.4 mg/kg X _____ kg = _____ mg ÷ 20 mg/mL = _____ mL
4% Articaine 7 mg/kg X _____ kg = _____ mg ÷ 40 mg/mL = _____ mL
3% Mepivacaine 4.4 mg/kg X _____ kg = _____ mg ÷ 30 mg/mL = _____ mL
0.5% Bupivacaine 1.3 mg/kg X _____ kg = _____ mg ÷ 5 mg/mL = _____ mL

Patient: _____ DOB: _____/_____/_____ Date: _____

Intra- and Postoperative Management

EMS telephone number: _____

Timeout: ❑ Caregiver present for timeout ❑ Pt ID ❑ Agreement on procedure ❑ Tooth/surgical site _____

Planned (target) level of sedation: ❑ Minimal ❑ Moderate ❑ Deep ❑ General anesthesia

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 ❑ Dental isolation: _____(type)

TIME	Baseline	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
Sedatives[1]																	
N_2O/O_2 (%)																	
Local[2] **(mg)**																	
SpO_2																	
Pulse																	
Blood pressure																	
Respiration																	
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 (eg, Start, Completion, Recovery, Discharge)
4. Enter letter on chart and corresponding comments (eg, complications/side effects, airway intervention, reversal agent, analgesic) below:
   A. _____ B. _____
   C. _____ D. _____

† Sedation level
- None (typical response/cooperation for this patient)
- Minimal (normal response to verbal commands)
- Moderate (purposeful response to verbal commands ± light tactile sensation)
- Deep (purposeful response after repeated verbal or painful stimulation
- General Anesthesia (unarousable)

§ 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 Was all planned treatment completed? ❑ NO ❑ YES

Comments: _____

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

❑ Postoperative 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 number: _____

Operator/Dentist Signature: _____ Chairside Assistant: _____ Monitoring Personnel Signature: _____

Postoperative call

Date: _____ Time: _____ By: _____ Spoke to: _____ Comments: _____