

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 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)	NONE	YES*	Describe positive findings: _____	Airway Assessment	NONE	YES*
Allergies &/or previous adverse drug reactions	<input type="checkbox"/>	<input type="checkbox"/>	_____	Obesity	<input type="checkbox"/>	<input type="checkbox"/>
Current medications (including OTC)	<input type="checkbox"/>	<input type="checkbox"/>	_____	Limited neck mobility	<input type="checkbox"/>	<input type="checkbox"/>
Relevant diseases, physical/neurologic impairment	<input type="checkbox"/>	<input type="checkbox"/>	_____	Micro/retrognathia	<input type="checkbox"/>	<input type="checkbox"/>
Previous sedation/general anesthetics	<input type="checkbox"/>	<input type="checkbox"/>	_____	Macroglossia	<input type="checkbox"/>	<input type="checkbox"/>
Snoring, obstructive sleep apnea, mouth breathing	<input type="checkbox"/>	<input type="checkbox"/>	_____	Tonsillar obstruction (____%)	<input type="checkbox"/>	<input type="checkbox"/>
Other significant findings (eg, family history)	<input type="checkbox"/>	<input type="checkbox"/>	_____	Limited oral opening	<input type="checkbox"/>	<input type="checkbox"/>

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	Checklist
Change in medical hx/ROS	<input type="checkbox"/>	<input type="checkbox"/>	Clear liquids _____hrs	Upper airway clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Appropriate transportation home
Change in medications	<input type="checkbox"/>	<input type="checkbox"/>	Milk, other liquids, &/or foods _____hrs	Lungs clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Monitors functioning
Recent respiratory illness	<input type="checkbox"/>	<input type="checkbox"/>	Medications _____hrs	Tonsillar obstruction (____%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Emergency kit, suction, & O ₂ available
Weight: _____kg							

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

Blood pressure: _____/_____ mmHg Resp: _____/min Pulse: _____/min Temp: _____°F SpO₂: _____%

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

Emergency reversal agents

For narcotic: NALOXONE IV, IM, or subQ Dose: 0.1 mg/kg X _____ kg = _____ mg (Maximum dose: 2 mg; may repeat)

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)

Lidocaine 2% (34 mg/ 1.7 mL cartridge) 4.4 mg/kg X _____ kg = _____ mg (not to exceed 300 mg total dose)
 Articaine 4% (68 mg/ 1.7 mL 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/ 1.7 mL cartridge) 6 mg/kg X _____ kg = _____ mg (not to exceed 400 mg total dose)
 Bupivacaine 0.5% (8.5 mg/ 1.7 mL cartridge) 1.3 mg/kg X _____ kg = _____ mg (not to exceed 90 mg total dose)

Intraoperative Management and 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 ₂ O/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. _____ B. _____
 C. _____ D. _____

Sedation level* Behavior/ responsiveness to treatment[†]
 None (typical response/ cooperation for this patient) Excellent: quiet and cooperative
 Mild (anxiolysis) Good: mild objections &/or whimpering but treatment not interrupted
 Moderate (purposeful response to verbal commands ± light tactile sensation) Fair: crying with minimal disruption to treatment
 Deep (purposeful response after repeated verbal or painful stimulation) Poor: struggling that interfered with operative procedures
 General Anesthesia (not arousable) Prohibitive: active resistance and crying; treatment cannot be rendered

Overall effectiveness: Ineffective Effective Very effective Overly sedated
 Additional comments/treatment accomplished: _____

Discharge

<p>Criteria for discharge</p> <input type="checkbox"/> Cardiovascular function is satisfactory and stable. <input type="checkbox"/> Protective reflexes are intact. <input type="checkbox"/> Airway patency is satisfactory and stable. <input type="checkbox"/> Patient can talk (return to pre sedation level). <input type="checkbox"/> Patient is easily arousable. <input type="checkbox"/> Patient can sit up unaided (return to pre sedation level). <input type="checkbox"/> Responsiveness is at or very near pre sedation level <input type="checkbox"/> State of hydration is adequate. (especially if very young or special needs child incapable of the usually expected responses).	<p>Discharge vital signs</p> Pulse: _____ / min SpO ₂ : _____ % BP: _____ / _____ mmHg Resp: _____ / min Temp: _____ °F
<p>Discharge process</p> <input type="checkbox"/> Post-operative instructions reviewed with _____ by _____ <input type="checkbox"/> Transportation <input type="checkbox"/> Airway protection/observation <input type="checkbox"/> Activity <input type="checkbox"/> Diet <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Fever <input type="checkbox"/> Rx <input type="checkbox"/> Anesthetized tissues <input type="checkbox"/> Dental treatment rendered <input type="checkbox"/> Pain <input type="checkbox"/> Bleeding <input type="checkbox"/> _____ <input type="checkbox"/> Emergency contact <input type="checkbox"/> Next appointment on: _____ for _____	
<p>I have received and understand these discharge instructions. The patient is discharged into my care at _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Signature: _____ Relationship: _____ After hours number: _____</p>	

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

Post-op call

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