

# Sedation Record

## Patient Selection Criteria

Date: \_\_\_\_\_

Patient: \_\_\_\_\_ Birth Sex  M  F DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Weight: \_\_\_\_kg Height: \_\_\_\_cm BMI: \_\_\_\_\_  
 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

<b>Medical history/review of systems (ROS)</b>	NO	YES*	<b>Describe positive findings:</b> _____	<b>Airway Assessment</b>	NO	YES*
Allergies &/or previous adverse drug reactions	<input type="checkbox"/>	<input type="checkbox"/>	_____	Limited neck mobility	<input type="checkbox"/>	<input type="checkbox"/>
Current medications (including OTC, herbal)	<input type="checkbox"/>	<input type="checkbox"/>	_____	Micro/retrognathia	<input type="checkbox"/>	<input type="checkbox"/>
Relevant diseases, physical/neurologic impairment	<input type="checkbox"/>	<input type="checkbox"/>	_____	Limited oral opening	<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"/>	_____	Brodsky grading scale:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Relevant birth, family, or social history	<input type="checkbox"/>	<input type="checkbox"/>	_____	Mallampati classification:	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	
For female: Post-menarchal	<input type="checkbox"/>	<input type="checkbox"/>	_____			

ASA classification:  I  II  III\*  IV\*  E If any \* is checked, is 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 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

Date: \_\_\_\_\_

Accompanied by: \_\_\_\_\_ and \_\_\_\_\_ Relationships to patient: \_\_\_\_\_

Medical Hx & ROS update	NO	YES	NPO status	Airway assessment	NO	YES	Safety 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"/> Monitors tested & functioning as intended
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"/> Emergency kit, suction, & high O <sub>2</sub> available
Recent respiratory illness	<input type="checkbox"/>	<input type="checkbox"/>	Medications ____hrs	Tonsillar obstruction (____%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No contraindication to procedural sedation
Pregnancy test indicated	<input type="checkbox"/>	<input type="checkbox"/>		Weight: ____kg Height: ____cm BMI: ____			<input type="checkbox"/> Two adults present or extended time for discharge accepted
Date: _____ Test: _____ Results: _____							

Vital signs (If unable to obtain, check  and document reason: \_\_\_\_\_)  
 Blood pressure: \_\_\_\_/\_\_\_\_ mmHg Resp: \_\_\_\_/min Pulse: \_\_\_\_/min Temp: \_\_\_\_°F SpO<sub>2</sub>: \_\_\_\_%  
 Comments: \_\_\_\_\_

- Presedation cooperation level:  Unable/unwilling to cooperate  Rarely follows requests  Cooperates with prompting  Cooperates freely  
 Behavioral interaction:  Definitely 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 <sup>1</sup>																	
N <sub>2</sub> O/O <sub>2</sub> (%)																	
Local <sup>2</sup> (mg)																	
SpO <sub>2</sub>																	
Pulse																	
BP																	
Resp																	
CO <sub>2</sub>																	
Procedure <sup>3</sup>																	
Comments <sup>4</sup>																	
Sedation level*																	
Behavior <sup>†</sup>																	

- 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. \_\_\_\_\_

Sedation level\*

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

Behavior/ responsiveness to treatment<sup>†</sup>

- 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

Additional comments/treatment accomplished: \_\_\_\_\_

**Discharge**

<p><b>Criteria for discharge</b></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><b>Discharge vital signs</b></p> Pulse: _____ / min SpO <sub>2</sub> : _____ % BP: _____ / _____ mmHg Resp: _____ / min Temp: _____ °F
<p><b>Discharge process</b></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><b>I have received and understand these discharge instructions. The patient is discharged into my care at _____ <input type="checkbox"/> AM <input type="checkbox"/> PM</b></p> Signature: _____ Relationship: _____ After hours number: _____	

Operator Signature: \_\_\_\_\_ Chairside Assistant: \_\_\_\_\_ Monitoring Personnel signature: \_\_\_\_\_

**Post-op call**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_ Spoke to: \_\_\_\_\_ Comments: \_\_\_\_\_