## Safety Checklist for Office-Based Procedural Sedation/Anesthesia



Patient Number:

Date of Procedure:

Procedure Room Set Up	Pre-operative Encounter	Post-operative Recovery	Records
Before patient is brought to procedure room	With practitioner and patient		
☐ Monitors functional	Correct patient and date of birth	Patient awake and breathing well	Operative notes written / dictated
Oxygen Source and delivery	Correct radiographs present	☐ Hemorrhage controlled	☐ Anesthesia record complete
Scavenger operational	Correct procedure / side / tooth	Airway self-maintained	☐ Drug log complete
Suction	PMH, Physical exam, Meds reviewed	☐ Vital signs within 10% of baseline	Ū
Airway adjuncts	Allergy / adverse drug reaction	Aldrete / pain score assigned	
Defibrillator / AED	Essential medication maintenance	lce available	<b>-</b>
Emergency medication / equipment	☐ Blood glucose evaluation	Post-operative Rx	<b></b>
Fire hazard precautions with oxygen	ASA status / Mallampati class	Post-operative instructions	<u> </u>
☐ Necessary instruments, devices and materials present	SBE / joint prophylaxis	<b></b>	
	Pregnancy / lactation	<b></b>	
	☐ Escort present	<b></b> .	
	☐ NPO status		
	☐ Informed consent		
	Pre-operative vital signs	Patient Name:	
		DOB:	