

# Sedation Record

## PATIENT SELECTION CRITERIA

Patient: \_\_\_\_\_ Date: \_\_\_\_\_  
☐ 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 &/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	NO	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

Accompanied by: \_\_\_\_\_ Relationship(s) to patient: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Hx & ROS update	NO	YES	NPO status	Airway assessment	NO	YES	Check list
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	Lungs clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Monitors functioning
Recent respiratory illness	<input type="checkbox"/>	<input type="checkbox"/>	&/or foods ____ hrs	Tonsillar obstruction (____%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Emergency kit, suction, & O <sub>2</sub> available
Weight: ____ kg			Medications ____ hrs				

Vital signs (If unable to obtain, check ☐ and document reason: \_\_\_\_\_)

Blood pressure: \_\_\_\_ / \_\_\_\_ mmHg Resp: \_\_\_\_ /min Pulse: \_\_\_\_ /min Temp: \_\_\_\_ °F SpO<sub>2</sub>: \_\_\_\_ %

Comments: \_\_\_\_\_

Predation 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

### Reversal agent

For narcotic: NALOXONE IV, IM, or subQ Dose: 0.01 mg/kg X \_\_\_\_\_ kg = \_\_\_\_\_ mg (May repeat after 2-3 minutes)

For benzodiazepine: FLUMAZENIL IV Dose: 0.01 mg/kg X \_\_\_\_\_ kg = \_\_\_\_\_ mg (NOT to exceed 0.2 mg/min & total dose of 1mg)

### Local anesthetics (maximum dosage based on weight)

Lidocaine 2% (34 mg/1.7mL cartridge)	4.4 mg/kg X _____ kg = _____ mg (not to exceed 300 mg total dose)
Articaine 4% (68mg/1.7mL 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/1.7mL cartridge)	6 mg/kg X _____ kg = _____ mg (not to exceed 400 mg total dose)
Bupivacaine 0.5% (8.5mg/1.7mL cartridge)	1.3 mg/kg X _____ kg = _____ mg (not to exceed 500 mg total dose)

## SEDATION RECORD

## INTRAOPERATIVE MANAGEMENT &amp; 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)																	
O <sub>2</sub> sat																	
Pulse																	
BP																	
Resp																	
CO <sub>2</sub>																	
Procedure <sup>3</sup>																	
Comments <sup>4</sup>																	
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. \_\_\_\_\_ C. \_\_\_\_\_  
 B. \_\_\_\_\_ 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\*

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

## Criteria for discharge

- ☐ Cardiovascular function is satisfactory and stable. ☐ Protective reflexes are intact.  
☐ Airway patency is satisfactory and stable. ☐ Patient can talk (return to presedation level).  
☐ Patient is easily arousable. ☐ Patient can sit up unaided (return to presedation level).  
☐ Responsiveness is at or very near presedation level (especially if very young or special needs child incapable of the usually expected responses). ☐ State of hydration is adequate

## Discharge vital signs

Pulse: \_\_\_\_\_/min  
 SpO<sub>2</sub>: \_\_\_\_\_%  
 BP: \_\_\_\_\_/\_\_\_\_\_ mmHg  
 Resp: \_\_\_\_\_/min  
 Temp: \_\_\_\_\_°F

## Discharge process

- ☐ Post-operative 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 phone number: \_\_\_\_\_

Operator signature: \_\_\_\_\_ Chairside assistant: \_\_\_\_\_ Monitoring personnel signature: \_\_\_\_\_

POST OP CALL Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_ Spoke to: \_\_\_\_\_ Comments: \_\_\_\_\_