Sedation Record

Patient Selection Criteria

Patient: _____________________________ Date: ______________________

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 (N) Yes (Y)

- Allergies &/or previous adverse drug reactions
- Current medications (including OTC)
- Relevant diseases, physical/neurologic impairment
- Previous sedation/general anesthetics
- Snoring, obstructive sleep apnea, mouth breathing
- Other significant findings (eg, family history)

Airway Assessment none (N) Yes (Y)

- Obesity
- Limited neck mobility
- Micro-retrognathia
- Macroglossia
- Tonsillar obstruction (%)
- Limited oral opening

ASA classification: I [ ] II [ ] III [ ] IV [ ] E [ ]

Comments: ________________________________

Is this patient a candidate for in-office sedation? [ ] YES [ ] NO

Doctor’s signature: ____________________________ Date: ______________________

Plan

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: ______________________

<table>
<thead>
<tr>
<th>Medical Hs &amp; ROS update</th>
<th>NO YES</th>
<th>NPO status</th>
<th>Airway assessment</th>
<th>NO YES</th>
<th>Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in medical Hs/ROS</td>
<td>[ ] [ ]</td>
<td>Clear liquids hrs</td>
<td>Upper airway clear</td>
<td>[ ] [ ]</td>
<td>[ ] Appropriate transportation home</td>
</tr>
<tr>
<td>Change in medications</td>
<td>[ ] [ ]</td>
<td>Milk, other liquids</td>
<td>Lungs clear</td>
<td>[ ] [ ]</td>
<td>[ ] Monitors functioning</td>
</tr>
<tr>
<td>Recent respiratory illness</td>
<td>[ ] [ ]</td>
<td>&amp;/or foods hrs</td>
<td>Tonsillar obstruction (%)</td>
<td>[ ] [ ]</td>
<td>[ ] Emergency kit, suction, &amp; O2 available</td>
</tr>
<tr>
<td>Weight: _______kg</td>
<td></td>
<td>Medications hrs</td>
<td></td>
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</table>

Vital signs: 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

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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

**Monitors:**
- Observation
- Pulse oximeter
- Preocular/neck/head stethoscope
- Blood pressure cuff
- Capnograph
- EKG
- Thermometer

**Protective stabilization/devices:**
- Papoose
- Head positioner
- Manual hold
- Neck/shoulder roll
- Mouth prop
- Rubber dam

<table>
<thead>
<tr>
<th>TIME</th>
<th>Baseline</th>
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**Sedatives¹**
- **N₂O/O₂ (%)**
- **Local² (mg)**

**SpO₂**
- **Pulse**
- **BP**
- **Resp**
- **CO₂**

**Procedure¹**

**Comments⁴**

**Sedation level***

**Behavior¹**

1. Agent ________________________________  Route _________  Dose _________  Time _________  Administered by ______________________
2. Agent ________________________________  Route _________  Dose _________  Time _________  Administered by ______________________
3. Agent ________________________________  Route _________  Dose _________  Time _________  Administered by ______________________

**Post-operative instructions reviewed with ______________________________________________________ by ______________________________________

**Discharge**

**Criteria for discharge**
- Cardiovascular function is satisfactory and stable.
- Airway patency is satisfactory and stable.
- Patient is easily arousable.
- Responsiveness is as or very near pre-sedation level (especially if very young or special needs child incapable of the usually expected responses).
- Protective reflexes are intact.
- Patient can talk (return to pre-sedation level).
- Patient can sit up unaided (return to pre-sedation level).

**Discharge vital signs**
- Pulse: _______/min
- SpO₂: ________%
- BP: ________/______ mmHg
- Resp: _______/min
- Temp: ________°F

**Discharge process**
- Post-operative instructions reviewed with ________________________________ by ________________________________ for ________________________________
- Transportation
- Airway protection/observation
- Activity
- Diet
- Nausea/vomiting
- Fever
- Rx
- Anesthetized tissues
- Dental treatment rendered
- Pain
- Bleeding
- Emergency contact
- Next appointment on: ________________

**I have received and understand these discharge instructions. The patient is discharged into my care at ________ AM/PM**

**Signature:** ________________________________  **Relationship:** ________________________________  **After hours number:** ________________________________

**Operator**
- **Signature:** ________________________________  **Chairside:** ________________________________  **Assistant:** ________________________________  **Monitoring:** ________________________________  **Personnel signature:** ________________________________

**Post-op call**

**Date:** ______________  **Time:** _________  **By:** _________  **Spoke to:** ________________________________  **Comments:** ________________________________