

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

Accompanied by: _____ Relationship(s) to patient: _____ Date: _____

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, _____ hrs	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 ₂ available
Weight: _____ kg			Medications _____ hrs				

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*

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 ☐ State of hydration is adequate.
 (especially if very young or special needs child incapable of the usually expected responses).

Discharge vital signs

Pulse: _____ / min

SpO₂: _____ %

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 number: _____

Operator

Signature: _____

Chairside

Assistant: _____

Monitoring

Personnel signature: _____

Post-op call

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

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