



SOUTHERN RIVERS DENTAL

Southern Rivers Sedation Record Form

Patient Selection Criteria

Date _____

Patient _____ Birth Sex M F DOB ___/___/___

Physician Name _____ Physician Phone No. _____

- Indication for sedation
 Fearful or 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

Table with 4 columns: Medical history and review of symptoms, NO, YES, Describe positive findings, Airway Assessment, NO, YES. Rows include Allergies, Current medications, Relevant diseases, Previous sedation, Snoring, Relevant birth, For females postmenarchal, Limited neck mobility, Micro/retrognathia, Limited oral opening, Macroglossin, Mallampati classification.

ASA classification I II III* IV* If any * is medical consultation indicated? NO YES Date requested _____

Comments _____

Doctor's signature _____ Date _____

Table with 5 columns: Plan, Name/relation to patient, Initials, Date, By. Rows include Informed consent for sedation, For protective stabilization, Pre-op instructions, Post-op instructions.

Assessment on Day of Sedation _____ Date _____

Accompanied by _____ Relationship to patient _____

Table with 3 main sections: Medical Hx & ROS update (NO, YES), NPO status (Clear liquids, Milk, and/or foods, Medications), Safety checklist (Monitors tested, Emergency kit, No contraindication, Two adults present).

Vital signs (if unable to obtain, check) and document reason _____

Blood pressure ___/___ mmHg Pulse _____

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Behavioral interaction Definitely shy and withdrawn Somewhat shy Approachable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 _____ Agent _____ Route _____ Agent _____ Route _____

Emergency reversal agents

For Narcotic NALOXONE IV,IM,or subQ (Maximum doses 2 mgs repeat to maintain reversal)

For Benzodiazepine FLUMAZENIL IV (preferred),IM (Maximum doses 0.2 mgs may repeat up to 4 times)



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Intraoperative Management and Post-Operative Monitoring

EMS Phone Number _____

Timeout PtID Agreement on procedure Tooth/surgical site _____

Monitors Observation Pulse Oximeter Precordial / Prettacheal stethoscope Blood pressure cuff Capnograph EKG Thermometer

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

Table with 18 columns (Time, Baseline, and 16 empty columns) and 12 rows (Sedatives, O2, SpO1, Pulse, Blood Pressure, CO2, Procedure, Comments, 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.

Sedation Level*

- None (typical response/cooperation for this patient)
Minimal (anxiolysis)
Moderate (purposeful response to verbal commands and 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 and/or whimpering but treatment not interrupted)
Pain (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/treatments accomplished _____

Discharge Criteria

- Cardiovascular function is satisfactory and stable
Airway patency is satisfactory and stable
Patient is easily arousable
Responsiveness is at 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)
State of hydration is adequate

Discharge vital signs

Pulse ___/min
SpO1 ___%
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

I have reviewed and understand these discharge instructions. The patient is discharged into my care at _____ AM PM
Signature _____ Relationship _____ After hours number _____

Operator signature _____ Chairside signature _____ Mentoring signature _____

Post-Op Call Date _____ Time _____ AM PM Spoke to _____ Comments _____