SOUTHERN RIVERS
DENTAL

Southern Rivers Sedation Record Form

Patient Selection Criteria Date _____

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

Physician Name _____ Physician Phone No. _____

Indciation for sedation
- ☐ Fearful or anxious patient for whom basic behavior guidance techniques have not been successful
- ☐ Patient unable to coorperate due to lack of psychological oe emotional maturity and/or mental,
- ☐ Physical, or medical disability
- ☐ To protect patient's developing psyche
- ☐ To reduce patient's medical risk

Medical history and review of symptoms	NO	YES	Describe positive findings
Allergies and/or previous adverse drug reactions	☐	☐	_____
Current medications (including OTC, herbal)	☐	☐	_____
Relevant diseases, physical/neurological impairment	☐	☐	_____
Previous sedation/general anesthetics	☐	☐	_____
Snoring, obstructive sleep apnea, mouth breathing	☐	☐	_____
Relevant birth, family, or social history	☐	☐	_____
For females postmenarchal	☐	☐	_____

Airway Assessment	NO	YES
Limited neck mobility	☐	☐
Micro/retrognathia	☐	☐
Limited oral opening	☐	☐
Macroglossin	☐	☐

Mallampati classification ☐I ☐II ☐III ☐IV

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

Comments _____

_____

Doctor's signature _____ Date _____

Plan	Name/relation to patient	Initials	Date	By
☐ Informed consent for sedation obtained form	_____	_____	_____	_____
☐ For protective stabilization obtained form	_____	_____	_____	_____
☐ Pre-op instructions reveiwed with	_____	_____	_____	_____
☐ Post-op instructions reviwed with	_____	_____	_____	_____

Assessment on Day of Sedation Date _____

Accompanied by _____ Relationship to patient _____

Medical Hx & ROS update	NO	YES
Change in medical Hx/ROS	☐	☐
Change in medications	☐	☐
Recent respiratory illness	☐	☐
Pregnancy test indicated	☐	☐
Date _____ Time _____ Results _____		

NPO status
- Clear liquids ____ hrs
- Milk, other liquids and/or foods ____ hrs
- Medications ____ hrs

Safety checklist
- ☐ Monitors tested and functioning as intended
- ☐ Emergency kit, suction, and high flow oxygen
- ☐ No contraindication to procedural sedation
- ☐ Two adults present or extended time for discharge accepted

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 ☐ 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 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 ☐ Pt ID ☐ 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 ☐ _____

Time	Baseline	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
Sedatives†																	
O_2 (%)																	
SpO_1																	
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 Anesthestic 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 interferred 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 presedation level (especially if very young or special needs child incapable of the usually expected responses)
☐ Protective reflexes are intact
☐ Patient can talk (return to presedation lebvel)
☐ Patient can sit up unaided (return to presedation level)
☐ State of hyration is adequate

Discharge vital signs

Pulse _____/ min
SpO_1 _____ %
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 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 _____