

# Procedural Sedation Record

## Patient Selection Criteria

Date: \_\_\_\_\_

Patient: \_\_\_\_\_ Birth Sex  M  F DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Weight: \_\_\_\_\_ kg Height: \_\_\_\_\_ cm  
 Physician name/phone number: \_\_\_\_\_ BMI: \_\_\_\_\_ BMI% for age: \_\_\_\_\_

- 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)	NO	YES*	Describe positive findings: _____	Airway Assessment	NO	YES*
Allergies &/or previous adverse drug reactions	<input type="checkbox"/>	<input type="checkbox"/>	_____	Limited neck mobility	<input type="checkbox"/>	<input type="checkbox"/>
Current medications (including OTC, herbal)	<input type="checkbox"/>	<input type="checkbox"/>	_____	Micro/retrognathia	<input type="checkbox"/>	<input type="checkbox"/>
Relevant diseases (including COVID)	<input type="checkbox"/>	<input type="checkbox"/>	_____	Limited oral opening	<input type="checkbox"/>	<input type="checkbox"/>
Previous sedation/general anesthetics	<input type="checkbox"/>	<input type="checkbox"/>	_____	Macroglossia	<input type="checkbox"/>	<input type="checkbox"/>
Physical/neurologic impairment	<input type="checkbox"/>	<input type="checkbox"/>	_____	Brody grading scale: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Snoring, obstructive sleep apnea, mouth breathing	<input type="checkbox"/>	<input type="checkbox"/>	_____	Mallampati classification: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV		
Relevant birth, family, or social history	<input type="checkbox"/>	<input type="checkbox"/>	_____			
For female: Post-menarchal	<input type="checkbox"/>	<input type="checkbox"/>	_____			

ASA classification:  I  II  III\*  IV\*  E If any \* is 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 for sedation obtained from _____	_____	_____	_____	_____
for protective stabilization obtained from _____	_____	_____	_____	_____
for dental procedures obtained from _____	_____	_____	_____	_____
Preoperative instructions reviewed with _____	_____	_____	_____	_____
Postoperative precautions reviewed with _____	_____	_____	_____	_____
Scheduled for: Date: _____ Time: _____ with Dr.: _____				

## Assessment on Day of Sedation

Date: \_\_\_\_\_

Accompanied by: \_\_\_\_\_ and \_\_\_\_\_ Relationships to patient: \_\_\_\_\_

Medical Hx & ROS update	NO	YES	NPO status	Airway assessment	NO	YES	Vital Signs (if unable to obtain, ckeck <input type="checkbox"/> )
Change in medical hx/ROS	<input type="checkbox"/>	<input type="checkbox"/>	Clear liquids ____hrs	Upper airway clear	<input type="checkbox"/>	<input type="checkbox"/>	Pulse: ____/min
Change in medications	<input type="checkbox"/>	<input type="checkbox"/>	Milk, other liquids, &/or foods ____hrs	Lungs clear	<input type="checkbox"/>	<input type="checkbox"/>	SpO <sub>2</sub> : ____%
Recent respiratory illness/COVID	<input type="checkbox"/>	<input type="checkbox"/>	Medications ____hrs	Tonsillar obstruction	<input type="checkbox"/>	<input type="checkbox"/> (____%)	BP: ____/____ mmHg
Pregnancy test indicated	<input type="checkbox"/>	<input type="checkbox"/>		Weight: ____kg Height: ____cm			Resp: ____/min
Date: _____ Test: _____ Results: _____				BMI: ____ BMI % for age: ____			Temp: ____°F

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

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

## Safety Checklist

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

## 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 to maintain reversal)  
 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 is based on weight; to calculate maximum volume, divide maximum dosage by agent concentration)

2% Lidocaine 4.4 mg/kg X \_\_\_\_\_ kg = \_\_\_\_\_ mg ÷ 20 mg/mL = \_\_\_\_\_ mL  
 4% Articaine 7 mg/kg X \_\_\_\_\_ kg = \_\_\_\_\_ mg ÷ 40 mg/mL = \_\_\_\_\_ mL  
 3% Mepivacaine 4.4 mg/kg X \_\_\_\_\_ kg = \_\_\_\_\_ mg ÷ 30 mg/mL = \_\_\_\_\_ mL  
 0.5% Bupivacaine 1.3 mg/kg X \_\_\_\_\_ kg = \_\_\_\_\_ mg ÷ 5 mg/mL = \_\_\_\_\_ mL

Patient: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_\_

**Intra- and Postoperative Management**

EMS telephone number: \_\_\_\_\_

Timeout:  Caregiver present for timeout  Pt ID  Agreement on procedure  Tooth/surgical site \_\_\_\_\_

Planned level of sedation:  Minimal  Moderate  Deep  GA

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)																	
SpO <sub>2</sub>																	
Pulse																	
Blood pressure																	
Respiration																	
CO <sub>2</sub>																	
Procedure <sup>3</sup>																	
Comments <sup>4</sup>																	
Sedation level <sup>†</sup>																	
Behavior <sup>§</sup>																	

- 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 (e.g., Start, Completion, Recovery, Discharge)

4. Enter letter on chart and corresponding comments (e.g., complications/side effects, airway intervention, reversal agent, analgesic) below:

- A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_  
 D. \_\_\_\_\_ E. \_\_\_\_\_ F. \_\_\_\_\_

† Sedation level

- None (typical response/cooperation for this patient)
- Minimal (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 Was all planned treatment completed?  Yes  No

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

**Discharge**

<p><b>Criteria for discharge</b></p> <input type="checkbox"/> Cardiovascular function is satisfactory and stable. <input type="checkbox"/> Protective reflexes are intact. <input type="checkbox"/> Airway patency is satisfactory and stable. <input type="checkbox"/> Patient can talk (return to pre-sedation level). <input type="checkbox"/> Patient is easily arousable. <input type="checkbox"/> Patient can sit up unaided (return to pre-sedation level). <input type="checkbox"/> Responsiveness is at or very near pre-sedation level <input type="checkbox"/> State of hydration is adequate. (especially if very young or special needs child incapable of the usually expected responses)	<p><b>Discharge vital signs</b></p> Pulse: ____/ min SpO <sub>2</sub> : ____% BP: ____/____ mmHg Resp: ____/ min Temp: ____°F
<p><b>Discharge process</b></p> <input type="checkbox"/> Postoperative instructions reviewed with _____ by _____ <input type="checkbox"/> Transportation <input type="checkbox"/> Airway protection/observation <input type="checkbox"/> Activity <input type="checkbox"/> Diet <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Fever <input type="checkbox"/> Rx <input type="checkbox"/> Anesthetized tissues <input type="checkbox"/> Dental treatment rendered <input type="checkbox"/> Pain <input type="checkbox"/> Bleeding <input type="checkbox"/> _____ <input type="checkbox"/> Emergency contact <input type="checkbox"/> Next appointment on: _____ for _____	
<p>I have received and understand these discharge instructions. The patient is discharged into my care at _____ <input type="checkbox"/> AM <input type="checkbox"/> PM</p> Signature: _____ Relationship: _____ After hours number: _____	

Operator/Dentist Signature: \_\_\_\_\_ Chairside Assistant: \_\_\_\_\_ Monitoring Personnel Signature: \_\_\_\_\_

**Postoperative call**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_ Spoke to: \_\_\_\_\_ Comments: \_\_\_\_\_