Sample Oral Moderate Sedation Record

CHART NO:

PATIENT INFORMATION

Patient (Full Name):

Birthdate - M/D/Y: Gender (M/F): Date - M/D/Y:

Dental Procedure(s) Performed:

MEDICATIONS (Name, Dose, Frequency):

ALLERGIES (Agent, Reaction):

ESCORT (Verified Pre-Sedation) Name:

Relationship: Phone #:

ASA: ☐ I ☐ II ☐ III		AGE:
WT (kg):	HT:	BMI:
NPO: ☐ Y ☐ N	Last Solids:	Last Fluids:

Medical History (Review and Update):

☐ Emergency oxygen, drugs and equipment checked (All Alarms ON) prior to sedation

Monitors: ☐ Pulse Oximeter ☐ Auto BP Cuff ☐ Manual BP Cuff ☐ Observation ☐ Other________________

Pre-Op Vitals:	BP	HR	SpO_2	RESP.

Intended Level of Sedation: ☐ Minimal ☐ Moderate

Deepest Level of Sedation Obtained: ☐ Minimal ☐ Moderate ☐ Deep ☐ General

Indication(s) for Sedation:

Anxiolytics/Sedatives Taken Night Before Dental Appointment:

Name: Dose: Time:

Anxiolytics/Sedatives Taken Day of Dental Appointment Prior to Arrival to Dental Facility:

Name: Dose: Time:

Premedication(s) (Non-Sedative):

Name: Dose: Time:

POST ANESTHESIA RECOVERY

DISCHARGE CRITERIA

Oriented to person/place/time: ☐ Y ☐ N				
Discharge Vitals:	BP	HR	SpO_2	RESP.
Vital Signs Stable: ☐ Y ☐ N				
Pre-Sedation Level of Ambulation: ☐ Y ☐ N				
Written Post-Sedation Instructions Given: ☐ Y ☐ N				
Verbal Post-Sedation Instructions Given: ☐ Y ☐ N				

Fit for Discharge Time:

In the Company of:

Name:

Relationship:

Phone #:

Patient Left the Facility at: am/pm

COMMENTS/COMPLICATIONS:

SIGNATURES

DDS: **DA:** **SEDATION PROVIDER:**

SEDATION

TIME
Dental Procedure Start:
Dental Procedure End:
Recovery Start:

ORAL SEDATIVE(S) (Name, Dosage)

Name:

Dose: Time Administered:

Total Administered (mg):

LOCAL ANES. ml of

ELAPSED TIME

	0	15	30	45	1 hr. 0	15	30	45	2 hr. 0	15	30	45	3 hr. 0	15	30	45
Oxygen l/min																
Nitrous Oxide l/min																

	0	15	30	45	1 hr. 0	15	30	45	2 hr. 0	15	30	45	3 hr. 0	15	30	45
Blood Pressure																
Heart Rate																
O_2 Saturation																
Respiratory Rate																
LOS*																

* LOS = Level of Sedation

03/17_4521

Place photocopy monitor printout here (if applicable)