## Sample Parenteral Conscious Sedation Record

## PATIENT INFORMATION

Patient (Full Name):			ASA: □I □II □	III AGE:	 :	☐ Emergency oxygen, drugs and equipment checked (All Alarms ON) prior to sedation										
Birthdate - M/D/Y:	Gender (M/F):	Date - M/D/Y:	WT (kg):	HT:	BMI:	Monitors: NIBP Sp0, DECG DETCO, Other										
Dental Procedure(s):	2011201 (, 1, 7)		NPO: □Y □N	Last Solids:	Last Fluids:	Pre-Sedation Vitals:	BP	HR	O₂Sat.	RESP.						
Dental Procedure(s):			Review of Systems	s: WNL* Tee	eth Airway C.V.S	Intended Level of Sedation: Minimal Moderate										
				GI GU GU		Deepest Level of Sedation Obtained: ☐ Minimal ☐ Moderate ☐ Deep ☐ General										
MEDICATIONS (Name, Dos	e, Frequency):		_ Physical Exam:			Indication(s) for Sedation:										
ALLEROUS (Amont Book)			-			Anxiolytics/Sedatives	Taken Night B	efore Dental App	ointment:							
ALLERGIES (Agent, Reacti	on):		-			Name:			Dose:	Time:						
			-			Anxiolytics/Sedatives	Taken Prior to	Arrival to Denta	ıl Facility:							
			_			Name:			Dose:	Time:						
ESCORT (Verified Pre-Seda	tion) Name:		Assessment:			Non-Sedative/Sedative Premedication:										
Relationship:	F	hone #:				Name: Dose: Time:										
						•										
POST SEDATION	RECOVERY					DISCHARGE CRITERIA										
Time						Oriented to person/place/time: Y N										
						If under age 9: Protective reflexes Easily arousable Sit up unassisted										
BP						Discharge Vitals:	BP	HR	O₂Sat.	RESP.						
Pulse						Vital Signs Stable:	Y	I								
Resp.						Pre-sedation Level of A	mbulation:	Y 🔲 N								
пезр.						Written Post-Sedation I	nstructions Give	en: Y N								
SpO <sub>2</sub>						Verbal Post-Sedation Instructions Given: $\square$ Y $\square$ N										
RECOVERY NOTES:				Fit	for Discharge Time:											
				In t	he Company of:											
				Nan	Name:											
				Rela	Relationship:  Phone #:											
RECOVERY SUPERVISOR	<u> </u>			Pati	ient Left the Facility at:	am/pm										
SIGNATURES																
DDS:		SEDATION PROVIDER:		RN	/RT:		DA:									

<sup>\*</sup> WNL = Within Normal Limits

## SEDATION

		NAME											DO	SE									TOTAL	WASTED
Drug(s)																								
Local Anesthetic(s)																								
	+					 									_									
IV Fluid(s)																								
		O <sub>2</sub> L/min													$\dashv$		_							
	ME	N <sub>2</sub> O L/min																						
Start Sedatio		SpO <sub>2</sub> %																		-				
Start Procedu		RESP /min																						
End Procedur		ECG (if appli	cable)																					
End Sedation		LOS**																						
To Recovery I	Room:		240 –																					
		1	220																					
	/ I		200																					
Size:	Type:		180																					
DOH AC			160																					
Wrist Arr			140																					
Difficult:	Y 🗆 N	BP≍	120																					
Attempts:		HR•																						
IV	11	]	100																					
Size:	Туре:		80 -																					
DOH AC			60 –																					
Wrist Arr			40																					
Difficult:			20																					
	I UN	a.m.	o <b>∟</b> /p.m. 0		1	<b>I</b> 15		3	<b>L</b>					)	 15	<u>_</u>	30	<u>_</u>		45			) )	
Attempts:		]										2												

## COMMENTS/COMPLICATIONS: