

Sample Deep and General Anesthesia Record

PATIENT INFORMATION

Patient (Full Name): _____

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

Dental Procedure(s): _____

MEDICATIONS (Name, Dose, Frequency): _____

ALLERGIES (Agent, Reaction): _____

ESCORT (Verified Pre-Anesthesia) Name: _____

Relationship: _____ Phone #: _____

Mallampati: _____

ASA: I II III AGE: _____

WT (kg): _____ HT: _____ BMI: _____

NPO: Y N Last Solids: _____ Last Fluids: _____

Review of Systems: WNL* Teeth Airway C.V.S
 Resp Neuro GI GU Prev. Anesth. Prob.

Physical Exam: _____

Assessment: _____

Emergency, oxygen, drugs and equipment checked (All Alarms ON)

Monitors: NIBP SpO₂ ECG ET/CO₂ Agent Analyzer O₂ Analyzer
 Other _____

Pre-Anesthesia Vitals: BP _____ HR _____ SpO₂ _____ RESP. _____

Intended Level of Anesthesia: Deep GA

Deepest Level of Anesthesia Obtained: Moderate Deep General

Indication(s) for Anesthesia: _____

Anxiolytics/Sedatives Taken Night Before Dental Appointment:

Name: _____ Dose: _____ Time: _____

Anxiolytics/Sedatives Taken Prior to Arrival to Dental Facility:

Name: _____ Dose: _____ Time: _____

Non-Sedative/Sedative Premedication:

Name: _____ Dose: _____ Time: _____

POST ANESTHESIA/SEDATION RECOVERY

Time									
BP									
Pulse									
Resp.									
SpO ₂									

RECOVERY NOTES: _____

RECOVERY SUPERVISOR: _____

DISCHARGE CRITERIA

Oriented to person/place/time: Y N

If under age 9: Protective reflexes Easily arousable Sit up unassisted

Discharge Vitals: BP _____ HR _____ O₂Sat. _____ RESP. _____

Vital Signs Stable: Y N

Pre-Anesthesia Level of Ambulation: Y N

Written Post-Anesthesia Instructions Given: Y N

Verbal Post-Anesthesia Instructions Given: Y N

Fit for Discharge Time: _____

In the Company of:

Name: _____

Relationship: _____

Phone #: _____

Patient Left the Facility at: _____ am/pm

SIGNATURES

DDS: _____ **SEDATION PROVIDER:** _____ **RN/RT:** _____ **DA:** _____

* WNL = Within Normal Limits

