

# Sample Parenteral Conscious Sedation 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-Sedation) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

ASA: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III		AGE: _____
WT (kg): _____	HT: _____	BMI: _____
NPO: <input type="checkbox"/> Y <input type="checkbox"/> N	Last Solids: _____	Last Fluids: _____
Review of Systems: <input type="checkbox"/> WNL* <input type="checkbox"/> Teeth <input type="checkbox"/> Airway <input type="checkbox"/> C.V.S		
<input type="checkbox"/> Resp <input type="checkbox"/> Neuro <input type="checkbox"/> GI <input type="checkbox"/> GU <input type="checkbox"/> Prev. Anesth. Prob.		
Physical Exam: _____		
Assessment: _____		

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

Monitors: ☐ NIBP ☐ SpO<sub>2</sub> ☐ ECG ☐ ET/CO<sub>2</sub> ☐ Other \_\_\_\_\_

<b>Pre-Sedation Vitals:</b>	BP	HR	O <sub>2</sub> Sat.	RESP.
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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 Night Before Dental Appointment:**

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

**Anxiolytics/Sedatives Taken Night Before Dental Appointment:**

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

## POST SEDATION RECOVERY

Time								
BP								
Pulse								
Resp.								
SpO <sub>2</sub>								

### DISCHARGE CRITERIA

Oriented to person/place/time: ☐ Y ☐ N

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

<b>Discharge Vitals:</b>	BP	HR	O <sub>2</sub> Sat.	RESP.
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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

**RECOVERY NOTES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RECOVERY SUPERVISOR:** \_\_\_\_\_

**Fit for Discharge Time:** \_\_\_\_\_

**In the Company of:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Patient Left the Facility at: \_\_\_\_\_ am/pm

## SIGNATURES

<b>DDS:</b> _____	<b>SEDATION PROVIDER:</b> _____	<b>RN/RT:</b> _____	<b>DA:</b> _____
<b>Print Name:</b> _____	<b>Print Name:</b> _____	<b>Print Name:</b> _____	<b>Print Name:</b> _____

\* WNL = Within Normal Limits

# SEDATION

	NAME	DOSE												TOTAL	WASTED
Drug(s)															
Local Anesthetic(s)															
IV Fluid(s)															

TIME

Start Sedation:

Start Procedure:

End Procedure:

End Sedation:

To Recovery Room:

O<sub>2</sub> L/min

N<sub>2</sub>O L/min

SpO<sub>2</sub> %

RESP /min

ECG (if applicable)

LOS\*\*

IV I

Size: Type:

DOH ACF FA

Wrist Arm Foot

Difficult: ☐ Y ☐ N

Attempts: \_\_\_\_\_

IV II

Size: Type:

DOH ACF FA

Wrist Arm Foot

Difficult: ☐ Y ☐ N

Attempts: \_\_\_\_\_

BP  $\times$

HR  $\cdot$

240

220

200

180

160

140

120

100

80

60

40

20

0

a.m./p.m.

0

15

30

45

0

15

30

45

0

1 hr.

2 hr.

COMMENTS/COMPLICATIONS:

\*\* LOS = Level of Sedation