Sample Deep and General Anesthesia Record

RCDSO | Royal College of Dental Surgeons of Ontario

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 ☐ SpO_2 ☐ ECG ☐ $ETCO_2$ ☐ Agent Analyzer ☐ O_2 Analyzer ☐ Other _____

Pre-Anesthesia Vitals:	BP	HR	SpO_2	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								

DISCHARGE CRITERIA

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

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

Discharge Vitals:	BP	HR	O_2Sat.	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

RECOVERY NOTES:

RECOVERY SUPERVISOR:

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:**

Print Name: **Print Name:** **Print Name:** **Print Name:**

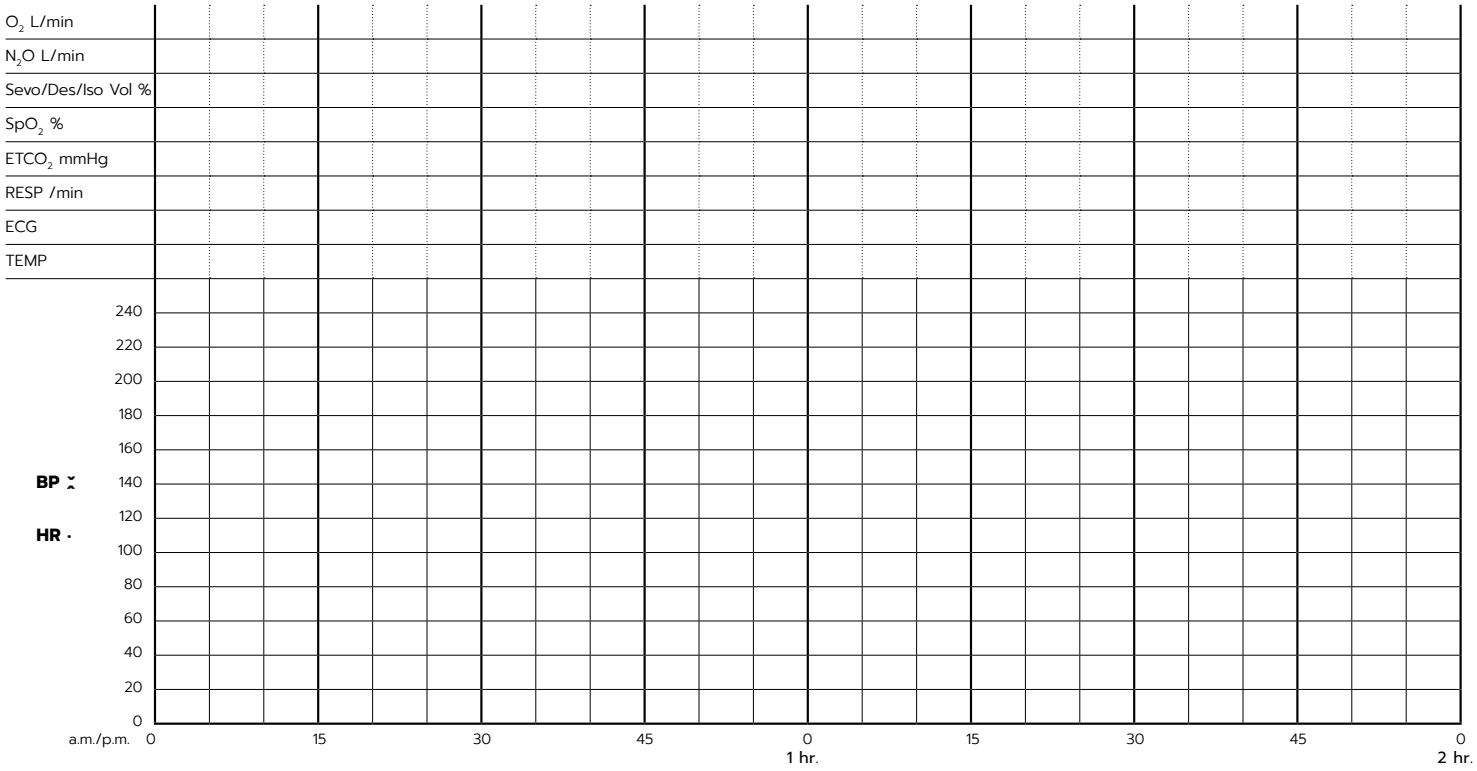
* WNL = Within Normal Limits

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

TIME
Start Anesthesia:
Start Procedure:
End Procedure:
End Anesthesia:
To Recovery Room:

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: _____		



COMMENTS/COMPLICATIONS: