

# 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: _____		

<input type="checkbox"/> Emergency oxygen, drugs and equipment checked (All Alarms ON) prior to sedation				
Monitors: <input type="checkbox"/> NIBP <input type="checkbox"/> SpO <sub>2</sub> <input type="checkbox"/> ECG <input type="checkbox"/> ET/CO <sub>2</sub> <input type="checkbox"/> Other _____				
<b>Pre-Sedation Vitals:</b>	BP	HR	O <sub>2</sub> Sat.	RESP.
Intended Level of Sedation: <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate				
Deepest Level of Sedation Obtained: <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Deep <input type="checkbox"/> General				

Indication(s) for Sedation: \_\_\_\_\_

**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 SEDATION RECOVERY

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

### DISCHARGE CRITERIA

Oriented to person/place/time: <input type="checkbox"/> Y <input type="checkbox"/> N				
If under age 9: <input type="checkbox"/> Protective reflexes <input type="checkbox"/> Easily arousable <input type="checkbox"/> Sit up unassisted				
<b>Discharge Vitals:</b>	BP	HR	O <sub>2</sub> Sat.	RESP.
Vital Signs Stable: <input type="checkbox"/> Y <input type="checkbox"/> N				
Pre-sedation Level of Ambulation: <input type="checkbox"/> Y <input type="checkbox"/> N				
Written Post-Sedation Instructions Given: <input type="checkbox"/> Y <input type="checkbox"/> N				
Verbal Post-Sedation Instructions Given: <input type="checkbox"/> Y <input type="checkbox"/> 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:** \_\_\_\_\_

\* WNL = Within Normal Limits

