## Sample Deep and General Anesthesia Record

## PATIENT INFORMATION

Patient (Full Name):			Mallampati:
Birthdate - M/D/Y:	Gender (M/F):	Date - M/D/Y:	ASA: 🗆 I 🗆
Dental Procedure(c):			WT (kg):
Dental Procedure(s):			—— NPO: 🗆 Y 🗆
MEDICATIONS (Name, Dose, Fr	requency):		Review of Sy
			Physical Exa
ALLERGIES (Agent, Reaction):			
			Assessment:
ESCORT (Verified Pre-Anesthes	sia) Name:		Assessment.
Relationship:	P	hone #:	

lampati:					Em
. 🗆 🗆 🗠 🗠	II	AGE:			Monito
(kg):	HT:		BMI:		🗌 Oth
D: 🗆 Y 🗆 N	Last Solid	s:	Last Fluids:		Pre-A
iew of Systems:		Intend			
esp 🗌 Neuro 🛛		Deepe			
sical Exam:					ndicati
					Anxiol
				1	Name:
				_	Anxiol
essment:				1	Name:
				1	Non-Se

Emergency, oxygen, dru	gs and equipment	checked (All Alar	ms ON)									
Monitors: 🗌 NIBP 🗌 SpC		CO <sub>2</sub> Agent Anal	yzer 🛛 O <sub>2</sub> Anal	yzer								
Other		_										
Pre-Anesthesia Vitals: BP HR SpO2 RESP.												
Intended Level of Anesthes	sia: 🗆 Deep 🗆 O	GA										
Deepest Level of Anesthes	ia Obtained: 🗌 🛚	Aoderate 🗌 Deep	General									
Indication(s) for Anesthesia Anxiolytics/Sedatives Tal		e Dental Appoint	ment:									
	Name: Dose: Time:											
Name:		Dose	:	Time:								
Name: Anxiolytics/Sedatives Tal	ken Prior to Arri		•	Time:								
	ken Prior to Arri		:ility:	Time:								
Anxiolytics/Sedatives Tal		val to Dental Fac	:ility:									

## POST ANESTHESIA/SEDATION RECOVERY

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

## DISCHARGE CRITERIA

Oriented to person/place/time: Y N											
If under age 9:	Protective reflexe	s 🗌 Easily arousa	ble 🗌 Sit up unas	sisted							
Discharge Vitals:	tharge Vitals: BP HR O <sub>2</sub> Sat. RESP.										
Vital Signs Stable: Y N											
Pre-Anesthesia Level of Ambulation: Y N											
Written Post-Anesth	nesia Instructions Gi	ven: Y N									
Verbal Post-Anesthe	esia Instructions Giv	ven: Y N									

RECOVERY NOTES:	Fit for Discharge Time:							
	In the Company of:							
	Name:							
	Relationship:							
	Phone #:							
RECOVERY SUPERVISOR:	Patient Left the Facility at: am/pm							
SIGNATURES								

			NAME	DOSE											TOTAL	WASTED									
Drug(s)																									
Local	1											Ì									1			İ	İ
Anestheti	c(s)																								
V Fluid(s)	)																								
					<u></u>											 		<u> </u>		Li			i		
				_											_										
	TIME		O <sub>2</sub> L/min																						
Start Ane	esthesia:		N <sub>2</sub> O L/min																						
Start Pro	cedure:		Sevo/Des/Iso Vol %																						
End Proc	edure:		SpO <sub>2</sub> %																					1	
End Anes	sthesia:		ETCO <sub>2</sub> mmHg																						
To Recov	ery Room	:	RESP /min																					-	
			ECG																					-	
	IV I		ТЕМР																						
Size:	Тур	be:					Ì	1		İ	1			1		İ						1			
DOH	ACF	FA	240																						
Wrist	Arm	Foot	220				_				-													-	
Difficult:		]N	200																		 -			-	
Attempts	:		180																					-	
			160																			_	_	-	
	IV II		<b>BP</b> 140																			_		-	
Size:	Тур	be:	120 HR •								-									$\vdash$				-	
DOH	ACF	FA	100			_															 	_		-	
Wrist	Arm	Foot	80																		 	_		-	
Difficult:		] N	60																					-	
Attempts			40																			_		-	
			20			_					-									_	 	_		-	
			0																					J	
			a.m./p.m. C	)		15		3	80		4	45		1 h	) I <b>r.</b>	1	5		3	0	45		21	0 hr.	

COMMENTS/COMPLICATIONS: