

DENTAL OUTPATIENT SEDATION RECORD

DATE:		WEIGHT: Lb. Kg.		AGE OF PATIENT: (Years) (Months)	
OPERATOR		ASSISTANT		PRECEPTOR	

PRE OPERATIVE HEALTH EVALUATION

ASA ☐ 1 ☐ 2 ☐ 3

PRE OPERATIVE BEHAVIOR EVALUATION

FRANKL SCALE

☐ definitely + ☐ + ☐ - ☐ definitely -

PATIENT LAST ATE (What & When)

PREPROCEDURAL ENTERAL	DRUG	ROUTE	DOSE (mg)	TIME (A.M./P.M.)	ADMINISTERED BY
SEDATION DRUGS ADMINISTERED ELSEWHERE					

RESTRAINTS

☐ Papoose Board ☐ Pediwrap ☐ Mouth Prop ☐ Other (Specify)

MONITORING DEVICES

☐ B.P.Cuff ☐ P.C.Steth ☐ Dynamap ☐ Cardivan ☐ Pulse Oximeter ☐ Other:

INTRAVENOUS (I.V.)

☐ Arm ☐ Hand ☐ Foot ☐ Fluids (Specify):
☐ Right ☐ Left ☐ Right ☐ Left ☐ Right ☐ Left

	BASE LINE	TIME (INTERVAL FOR MONITORING)									
Respiratory Rate/Min.											
Pulse Rate/Min.											
Blood Pressure (Systolic)											
Blood Pressure (Diastolic)											
Oxygen Saturation %											
Local Anesthetic											
N ₂ O - O ₂ %											
Choral Hydrate (Noctec) mg.											
Hydroxyzine (Vistaril) mg.											
Diazepam (Valium) mg.											
Promethazine (Phenergan) mg.											
Meperidine (Demerol) mg.											
Midazolam (Versed) mg.											
Naloxone (Narcan) mg.											

LEVEL OF SEDATION

- ☐ No behavioral change
☐ Sedated but disruptive when stimulated
☐ Sedated but responsive to verbal command
☐ Sedated—sleep, but responsive to verbal command
☐ Sedated—sleep, responsive only to physical stimulus
☐ Unconscious and unresponsive
☐ Other: _____

EFFECTIVENESS OF SEDATION

- ☐ Ineffective ☐ Somewhat effective ☐ Effective
☐ Very effective ☐ Oversedated

SIDE EFFECTS

- ☐ Nausea ☐ Vomiting ☐ Respiratory Depression
☐ Vertigo ☐ Headache ☐ Prolonged Recovery
☐ Other: _____

CONDITION ON RELEASE

- ☐ Alert/Reactive/Vital Signs Stable
☐ Sedated/Arousable/Vital Signs Stable

SIGNATURE OF DOCTOR

TIME OF DISCHARGE

A.M.
P.M.

PATIENT IDENTIFICATION

CONSENT:

I (Parent/Guardian) have discussed the planned sedation with the dentist. I understand what is to be done and have received the information sheet explaining the sedation procedure and its effects. I have been made aware of alternative treatment options and agree to the planned procedures.

SIGNATURE (Parent/Guardian)

DATE