

PRIOR TO SEDATION VISIT

Patient: _____ Date: _____

Gender: _____ Medical Status: ASA I II III (circle one)

Age: _____ Height: _____ Weight: ___ lbs. ___ kg. (lbs./2.2) BMI: _____

Allergies (drug & food): _____

Pre-medication for _____ Ab _____ dose: _____ time: _____

Diet habits: Eats/snacks every ___ hours. Usual bathroom routine: _____

Dietary notes & amount of sugar in diet: _____

Can we give your post op instructions to your driver? _____ (patient initials)

Alcohol consumer in a week _____ Recreational drugs (& how often): _____

Normal daily medications (& dosage): _____

Did you take them? Y/N _____ (patient initials) LexiComp™ compared and in chart.

Smoker (how much) _____ Gagger (circle if applicable)

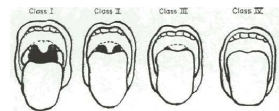
Baseline Pulse _____ Sa O₂: _____% BP: _____/_____

Respiratory Rate (pre-op) _____ (breaths/min) Mallampati Classification

Pre-med Rx _____ (daiz, triaz, loraz) Specific Instructions: _____

On a scale of 1- 10 how anxious are you about the dental visit? _____

Do you have a history with sedation? _____



DAY OF TREATMENT

Last food or water other than medications: _____ Date _____ Time _____

Medication	Time	Route	Dosage	Medication	Time	Route	Dosage

TOP Dose = _____ Pt. Wgt/QF (QF triazolam = 100 QF lorazepam = 25)

2% Mepivacaine 1:20,000 Neo: _____

3% Mepivacaine _____

3% Polocaine _____

4% Septocaine w/1:100K epi: _____

4% Citanest plain: _____

0.5% Marcaine with 1:200,000 epi: _____

Vital signs: Continuous Monitoring - Monitor print out copied and stapled to form or uploaded to the electronic records. Recordings taken every 5 min. _____ (*initial*)

Bathroom visits: _____ Food: _____

Companion's name: _____

Companion's phone number: _____

COMPLETION OF SEDATION

- Post Op respiratory rate: _____ (breaths/min)
- Discharge vital signs: Pulse _____ Sa O2: _____% BP: _____/_____ [Continuous Monitor print out copied and stapled to form or uploaded to the electronic records.]
- All of patient's property returned to caregiver (glasses, watch, pill bottle, etc.)
- Patient tolerated treatment well and was ambulatory and oriented X 3 when they left.
- _____mg Advil _____mg Tylenol given _____
- Gatorade Juice Post op instructions _____
- Moderate Light Comfortable Adjust (next visit more) Adjust (next visit less)

Doctor's Signature

Assistant's Name