PEDIATRIC DENTISTRY CONSCIOUS SEDATION

Child's Name _____ **Sex** ____ **Race** ____ **Date** _____
Child's Medicaid ID# _____
Weight _____ lb. _____ kg. **Operating Dentist(s)** _____
Age _____ yr. _____ mo. **Assistants** _____

Preoperative Health Evaluation _____ **ASA 1** ☐ **2** ☐ **3** ☐ **4** ☐

NPO Status _____

Preoperative Behavior Evaluation _____

Frankl Scale: ☐ 1 – definitely negative ☐ 3 – positive **North Carolina Scale**: Head Movement ☐ Crying ☐
☐ 2 negative ☐ 4 – definitely positive Physical Resistance ☐ Hands ☐ Legs ☐

Restraints: Papoose Board ☐ Pediwrap ☐ Velcro Seatbelts ☐ Mouth Prop ☐ Other: _____

Preprocedural Drug: _____ Route: _____ Dose (mg): _____ Time: _____ Administered by: _____

Sedation Medication Drug: _____ Route: _____ Dose (mg): _____ Time: _____ Administered by: _____

Route of Administration ☐ Oral ☐ Intramuscular ☐ Submucosal ☐ Other _____

Monitoring Devices ☐ B.P. Cuff ☐ P.C. Steth ☐ Dynamap ☐ Pulse Oximeter Other: _____

MONITOR/AGENT	DOSE	TIME→ (Base Line)													
Respiration rate/min.															
Pulse rate/min.															
Oxygen Saturation															
Blood Pressure Systolic															
Diastolic															
2% Xylo. ____ epi. (4.0 mg/kg)	mg.														
Nitrous Oxide (N_2O-02%)															
Hydroxyzine (Vistaril) (1.0-2.0 mg/kg)	mg.														
Promethazine (Phenergan)(1.0mg/kg)	mg.														
Meperidine (Demerol) (1.0-2.0 mg/kg)	mg.														
Diazepan (Valium) (0.25-0.5 mg/kg)	mg.														
Midazolam (Versed) (0.3-0.7 mg/kg)	mg.														
Chloral Hydrate(Noctec) (25-50mg/kg)	mg.														
Naloxone (Narcan) (0.01 mg/kg)	mg.														
Flumazenil (Romazicon) (0.01 mg/kg)	mg.														

NOTE: ATTACH PRINTOUT OF MONITORING DEVICE, IF AVAILABLE.

Treatment: Time Started: _____ Completed: _____ Elapsed time: _____ hr. _____ min.

LEVEL OF SEDATION
☐ No behavioral change
☐ Sedated but disruptive when stimulated
☐ Sedated but responsive to verbal command
☐ Sedated – slept but responsive to verbal command
☐ Sedated – slept, responsive only to physical stimulation
☐ Slept and unresponsive to verbal or physical stimulation
☐ Unconscious and unresponsive
☐ Other

EFFECTIVENESS OF SEDATION
☐ Ineffective ☐ Effective ☐ Very Effective ☐ Over-Sedated

SIDE EFFECTS
☐ Nausea ☐ Vomiting ☐ Respiration Depression
☐ Vertigo ☐ Headache ☐ Prolonged Recovery

Postoperative Course and Discharge Evaluation
☐ Alert ☐ Talking/Crying ☐ Ambulatory
☐ CV Stable ☐ Airway Stable ☐ Sit Unaided

Disposition: _____
Signature: _____ **Time of Discharge:** _____