FORMS

Examples of the following forms can be found on the following pages:

1. PEDIATRIC CONSCIOUS SEDATION FORM; and
2. TEMPOROMANDIBULAR JOINT (TMJ) FORM.

PEDIATRIC DENTISTRY CONSCIOUS SEDATION FORM

Patient Selection Criteria **Date:** _____

Patient: _____ ❑ M ❑ F Age: _____yr_____mo Weight: _____kg Physician: _____

Indication for sedation: ❑ Fearful/anxious patient for whom basic behavior guidance techniques have not been successful
❑ Patient unable to cooperate due to lack of psychological or emotional maturity and/or mental, physical, or medical disability
❑ To protect patient's developing psyche
❑ To reduce patient's medical risk

Medical history/review of systems (ROS)	NONE	YES*	Describe positive findings: _____	Airway Assessment	NONE	YES*
Allergies &/or previous adverse drug reactions	❑	❑	_____	Obesity	❑	❑
Current medications (including OTC)	❑	❑	_____	Limited neck mobility	❑	❑
Relevant diseases, physical/neurologic impairment	❑	❑	_____	Micro/retrognathia	❑	❑
Previous sedation/general anesthetics	❑	❑	_____	Macroglossia	❑	❑
Snoring, obstructive sleep apnea, mouth breathing	❑	❑	_____	Tonsillar obstruction (___%)	❑	❑
Other significant findings (eg, family history)	❑	❑	_____	Limited oral opening	❑	❑

ASA classification: ❑ I ❑ II ❑ III* ❑ IV* ❑ E * Medical consultation indicated? ❑ NO ❑ YES Date requested: _____
Comments: _____

Is this patient a candidate for in-office sedation? ❑ YES ❑ NO Doctor's signature: _____ Date: _____

Plan

	Name/relation to patient	Initials	Date	By
Informed consent obtained from				
Pre-op instructions reviewed with				
Post-op precautions reviewed with				

Assessment on Day of Sedation **Date:** _____

Accompanied by: _____ Relationship(s) to patient: _____

Medical Hx & ROS update	NO	YES	NPO status	Airway assessment	NO	YES	Checklist
Change in medical hx/ROS	❑	❑	Clear liquids ____hrs	Upper airway clear	❑	❑	❑ Appropriate transportation home
Change in medications	❑	❑	Milk, other liquids,	Lungs clear	❑	❑	❑ Monitors functioning
Recent respiratory illness	❑	❑	&/or foods ____hrs	Tonsillar obstruction (___%)	❑	❑	❑ Emergency kit, suction, & O_2
Weight: _____kg			Medications ____hrs				available

Vital signs (If unable to obtain, check ❑ and document reason: _____)
Blood pressure: _____/_____ mmHg Resp: _____/min Pulse: _____/min Temp: _____°F SpO_2:_____%
Comments: _____

Presedation cooperation level: ❑ Unable/unwilling to cooperate ❑ Rarely follows requests ❑ Cooperates with prompting ❑ Cooperates freely
Behavioral interaction: ❑ Definitively shy and withdrawn ❑ Somewhat shy ❑ Approachable
Guardian was provided an opportunity to ask questions, appeared to understand, and reaffirmed consent for sedation? ❑ YES ❑ NO

Drug Dosage Calculations

Sedatives
Agent _____ Route _____ _____mg/kg X _____kg = _____mg ÷ _____mg/mL = _____mL
Agent _____ Route _____ _____mg/kg X _____kg = _____mg ÷ _____mg/mL = _____mL
Agent _____ Route _____ _____mg/kg X _____kg = _____mg ÷ _____mg/mL = _____mL

Emergency reversal agents
For narcotic: NALOXONE IV, IM, or subQ Dose: 0.1 mg/kg X _____ kg = _____mg (Maximum dose: 2 mg; may repeat)
For benzodiazepine: FLUMAZENIL IV (preferred), IM Dose: 0.01 mg/kg X _____ kg = _____mg (Maximum dose: 0.2 mg; may repeat up to 4 times)

Local anesthetics (maximum dosage based on weight)

Lidocaine 2%	(34 mg/ 1.7 mL cartridge)	4.4 mg/kg X	_____kg = _____mg	(not to exceed 300 mg total dose)
Articaine 4%	(68 mg/ 1.7 mL cartridge)	7 mg/kg X	_____kg = _____mg	(not to exceed 500 mg total dose)
Mepivacaine 3%	(51 mg/ 1.7 mL cartridge)	4.4 mg/kg X	_____kg = _____mg	(not to exceed 300 mg total dose)
Prilocaine 4%	(68 mg/ 1.7 mL cartridge)	6 mg/kg X	_____kg = _____mg	(not to exceed 400 mg total dose)
Bupivacaine 0.5%	(8.5 mg/ 1.7 mL cartridge)	1.3 mg/kg X	_____kg = _____mg	(not to exceed 90 mg total dose)

Intraoperative Management and Post-Operative Monitoring EMS telephone number: _____

Monitors: ❑ Observation ❑ Pulse oximeter ❑ Precordial/pretracheal stethoscope ❑ Blood pressure cuff ❑ Capnograph ❑ EKG ❑ Thermometer
Protective stabilization/devices: ❑ Papoose ❑ Head positioner ❑ Manual hold ❑ Neck/shoulder roll ❑ Mouth prop ❑ Rubber dam ❑ _____

TIME	Baseline	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
Sedatives[1]																	
N_2O/O_2 (%)																	
Local[2] (mg)																	
O_2 sat																	
Pulse																	
BP																	
Resp																	
CO_2																	
Procedure[3]																	
Comments[4]																	
Sedation level*																	
Behavior†																	

1. Agent _____ Route _____ Dose _____ Time _____ Administered by _____
   Agent _____ Route _____ Dose _____ Time _____ Administered by _____
   Agent _____ Route _____ Dose _____ Time _____ Administered by _____
2. Local anesthetic agent _____
3. Record dental procedure start and completion times, transfer to recovery area, etc.
4. Enter letter on chart and corresponding comments (eg, complications/side effects, airway intervention, reversal agent, analgesic) below:
   A. _____ B. _____
   C. _____ D. _____

Sedation level*
- None (typical response/ cooperation for this patient)
- Mild (anxiolysis)
- Moderate (purposeful response to verbal commands ± light tactile sensation)
- Deep (purposeful response after repeated verbal or painful stimulation
- General Anesthesia (not arousable)

Behavior/ responsiveness to treatment†
- Excellent: quiet and cooperative
- Good: mild objections &/or whimpering but treatment not interrupted
- Fair: crying with minimal disruption to treatment
- Poor: struggling that interfered with operative procedures
- Prohibitive: active resistance and crying; treatment cannot be rendered

Overall effectiveness: ❑ Ineffective ❑ Effective ❑ Very effective ❑ Overly sedated
Additional comments/treatment accomplished: _____

Discharge

Criteria for discharge
- ❑ Cardiovascular function is satisfactory and stable.
- ❑ Airway patency is satisfactory and stable.
- ❑ Patient is easily arousable.
- ❑ Responsiveness is at or very near presedation level (especially if very young or special needs child incapable of the usually expected responses).
- ❑ Protective reflexes are intact.
- ❑ Patient can talk (return to presedation level).
- ❑ Patient can sit up unaided (return to presedation level).
- ❑ State of hydration is adequate.

Discharge vital signs
Pulse: _____/ min
SpO_2: _____%
BP: _____/_____ mmHg
Resp: _____/ min
Temp: _____°F

Discharge process
- ❑ Post-operative instructions reviewed with _____ by _____
  - ❑ Transportation ❑ Airway protection/observation ❑ Activity ❑ Diet ❑ Nausea/vomiting ❑ Fever ❑ Rx ❑ Anesthetized tissues
  - ❑ Dental treatment rendered ❑ Pain ❑ Bleeding ❑ _____ ❑ Emergency contact
- ❑ Next appointment on: _____ for _____

I have received and understand these discharge instructions. The patient is discharged into my care at _____ ❑ AM ❑ PM

Signature: _____ Relationship: _____ After hours number: _____

Operator Signature: _____ Chairside Assistant: _____ Monitoring Personnel signature: _____

Post-op call

Date: _____ Time: _____ By: _____ Spoke to: _____ Comments: _____

TEMPOROMANDIBULAR JOINT (TMJ) FORM

Patient's Name: _____ Age: _____ ☐ M ☐ F

Recipient Number: _____

<The items written in small print, in each category are not inclusive and should be used only as guides>

Chief Complaints:	Facial Pain: headaches, TMJ pain, TMJ sounds, cervical pain, Oral pain, dental pain, decrease in jaw ROM, ringing in ears, jaw locking, closed or open, duration

Clinical Findings:	Palpation of: TMJ, masticator muscles, cervical muscles; functional manipulation; jaw and neck ROM: TMJ sounds: occlusion

Radiographic Findings:

Impressions:	Myofacial Pain: masticatory muscles, cervical muscles, TMJ capsules, TMJ disc displacement or dislocation, Hyper-mobility, osteoarthritis, headaches, myofacial tension, Missing teeth, malocclusion, chronic pain, etc.

Etiology:	Trauma, Bruxism, Missing teeth, malocclusion, etc

Recommendations:

Is a splint requested? ☐ Yes ☐ No
If splint requested please indicated type: ☐ Hard Splint ☐ Soft Splint ☐ N/A