FORMS

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

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:** _____

TMJ SUMMARY

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:

If splints are requested please state if it will be a hard or soft splint.