

Sample Oral Moderate Sedation Record

DATE _____

CHART NO _____

PATIENT'S NAME _____

AGE _____ WEIGHT _____

HOME PHONE _____

MEDICAL HISTORY REVIEW _____

ALLERGIES _____

MEDICATIONS _____

NPO STATUS CONFIRMED YES NO

ACCOMPANIED BY RESPONSIBLE ADULT YES NO

NAME/RELATIONSHIP _____

Pre-Op BP _____ Pre-Op HR _____ Pre-Op SpO₂ _____ ASA CLASS: I II III

ORAL SEDATIVE (DRUG + DOSAGE) _____

TIME ADMINISTERED _____

MONITORS USED: PULSE OXIMETER (ALL ALARMS ON) AUTO BP CUFF MANUAL BP CUFF

LOCAL ANES. _____ ml of _____

PROCEDURE START TIME:	ELAPSED TIME	1 hr.				2 hr.				3 hr.						
		0	15	30	45	0	15	30	45	0	15	30	45			
Oxygen l/min																
Nitrous Oxide l/min																
PROCEDURE END TIME:	Blood Pressure															
	Heart Rate															
	O ₂ Saturation															

DISCHARGE CRITERIA

Oriented YES NO

Vital Signs Stable YES NO

BP _____ HR _____ SpO₂ _____

Ambulatory YES NO

Written Post-Sedation Instructions Given YES NO

Verbal Post-Sedation Instructions Given YES NO

DISCHARGE TIME _____

IN THE COMPANY OF _____

Name, Relationship, Phone

NOTES/COMPLICATIONS _____

Responsible Dentist/Anesthetist Signature

**Photocopy monitor printout (if available)
on rear of this sheet.**