SEDATION FLOW SHEET

DATE	PATIENT NAME	DATE OF BIRTH	DENTIST	FACILITY

PRE-SEDATION CHECKLIST

P	PMH reviewed with patient. MD pre-op (if required) obtained & placed in chart.	Completed/Comments:		
A	Airway Exam Preformed	Mal: ☐ I ☐ II ☐ III		H&N: ☐ wnl
M	Med List Reviewed	Completed, Comments:		
N	No Fluids | No solids	NPO > 6 hour		
A	Allergies	NKDA		LIS T:
P	Physical Exam Preformed	☐ Heart ☐ Lungs ☐ C NS		Comments:
Consents reviewed with patient & signed		☐ Completed		
Caregiver Confirmed		☐ Completed		Caregiver Contact Info ( )
Escort Confirmed		☐ Completed		Escort Contact Info ( )

SEDATION APPOINTMENT

Sed. Indication	Pre BP	Pre HR	Pre Sat	Pre RR	ASA	MAL (airway)	Allergies	Weight (kg)	Gender

O_2___l/m	☐ Nasal Mask		☐ Nasal C annula		☐ Face Mask	O2 Start _____		O2End _____	
N_2O____%	☐ Nasal Mask					N2O Start _____		N2O End _____	
Ventiliation	☐ C O2	☐ Stethoscope		☐ Phonation		Start _____		End _____	

Time	Medication | Dose | Route	Indication Sed./Pain	Sats%	RR (bpm)	BP SBP/DBP	HR | SR	Sedation Depth	Notes
Case Start		☐ Sedation ☐ Pain					☐ Start | Awake ☐ Min ☐ Mod ☐ Deep	
		☐ Sedation ☐ Pain					☐ Awake „ ☐ Min ☐ Mod ☐ Deep	
		☐ Sedation ☐ Pain					☐ Awake „ ☐ Min ☐ Mod ☐ Deep	
		☐ Sedation ☐ Pain					☐ Awake „ ☐ Min ☐ Mod ☐ Deep	
Case End	NOTES:						☐ Awake „ ☐ Min ☐ Mod ☐ Deep	FLUID TOTAL _____ml

END OF APPOINTMENT MEDICATION TOTALS

Medication	End of Appt Dose Total	Waste Dose	Dentist Signature	Witness Signature

A&Ox3 = alert to person, place, & time **SATS =** oxygen saturation **BP =** blood pressure **H&N =** head and neck

Pain Scale = 1 is least, 10 is severe **NPO =** nothing per oral **rrr no m/r/g =** regular rate rhythm no murmurs, rubs, gallops

RR = respiratory rate **Mal =** class of airway **mg =** milligrams **mcg =** micrograms

DISCHARGE DOCUMENTATION

CNS A&Ox3	Resp Profile App, Sat, RR (without O2)	CV Profile BP/HR	Walk Test Direct Observation	Pain Scale (1 - 10)	Escort/ Wheelchair/ Seatbelt
	SATS: RR:	BP: HR:			Escort Arrived: _____ Seatbelt: _____ Patient Wheelchair: _____

POST-SEDATION INSTRUCTIONS FOR PATIENT AND ESCORT

- Patient Cannot drive for 24 hours after taking sedation medication, or operate any hazardous devices or heavy equipment for 24 hours.
- Patient may fall asleep during the car ride home. Do not let the patient fall asleep sitting up with their chin down and head falling down and forward. That position can restrict their airway and make it difficult for them to breath properly. Lean the patient back in the chair a little and tip their chin upward so that their airway remains open.

- A Responsible person should remain with the patient until he/she has fully recovered from the effects of sedation.

- Patient will likely want to go to sleep once home, if they do, position the patient on his/her side with the head supported and the chin up. During this period, if the patient is snoring, reposition the head until the snoring disappears and breathing is normal. If breathing becomes abnormal or you are unable to arouse the patient, contact emergency services (911) immediately.

- Patient may be drowsy for some time after the sedation appointment. Restrict activities for the remainder of the day. Prohibit potentially harmful activities, or any activity where balance or cognitive function is important.

- Patient should not go up/down stairs unattended. Let the patient stay on the ground floor until recovered.
- Having nutrition after sedation is important. The patient should begin eating appropriate foods as soon as possible. Avoid anything sticky or excessively chewy until final restoration is completed. Avoid hot foods/drinks until numbness wears off. Spoon fed shakes seem to work well, providing sugar and cold.
- Patient needs to drink plenty of fluids as soon as possible.
- Patient may seem alert when he/she leaves. This may be misleading so do not leave the patient alone.
- Always hold the patient's arm when walking.
- Call us if you have any questions or difficulties. If you feel that your symptoms warrant a physician and you are unable to reach us, call 911 or go to the closest emergency room immediately.
- Patient should not carry, sleep next to, or be alone with young children for a period of no less than 24 hours after the last dosage of medication.

***I acknowledge that I have received a copy of the above POST SEDATION INSTRUCTIONS.**

Escort Signature & Date

Patient Signature & Date

Dentist Signature & Date

Witness Signature & Date

V/S PRINTOUT (Place Below)