



PEDIATRIC CONSCIOUS SEDATION RECORD INTRA-OPERATIVE ASSESSMENT

Child's Name: _____ Age: _____ Date: _____

Weight: _____ lbs. x 0.45= _____ kg

HISTORY AND PHYSICAL UPDATE

Appointment Type: Emergency Routine/Scheduled

PMH: Healthy / _____

Drug Allergies: None / _____

Allergies: None / _____

Previous Surgeries/Anes Hx: None / _____

URI within Last 10 Days: Yes No

Current Medications: None / _____

ASA Classification: _____

NPO x _____ hrs Dr. _____ Parent _____ Witness _____

Patient Airway: LRT URT Nasal

Tonsillar Airway: <50% open >50% open

PROCESS

Assistant / Recorder

Op permit signed Equipment checked* Alarms set**

**portable O2, nitrous oxide machine, hand pieces and restorative set*

***low O2 Sat: 92% (85%), low HR:70 (40), low ETCO2: 5 (5-15), apnca delay:10 (5-10 secs)*

Max. Lido. Dose: _____ kg x 4.4 = _____ mg (1 carp = 36mg) **Max. Septo. Dose:** _____ kg x 7.0 = _____ mg (1 carp = 72mg)

Flumazenil Dose: _____ kg x 0.01 = _____ mg/0.1 = _____ ml (1-2 mil average dose)

Naloxone Dose: _____ kg x 0.01 = _____ mg/0.4 = _____ ml (0.5 ml average dose)

MEDICATION MANAGEMENT REGIMEN

CODE	DRUG	DOSE (mg)	TIME	SEQ	REC. DOSAGE*	MAX. DOSE	CONCENTRATION
A	Midazolam (IN)	_____	_:__	_____	0.2-0.3 mg/kg	10 mg	5 mg/mL
B	Midazolam (PO)	_____	_:__	_____	0.5-0.8 mg/kg	20 mg	5 mg/mL
B	Ibuprofen (PO)	_____	_:__	_____	10 mg/kg	300 mg	100 mg/mL
B,C	Hydroxyzine (PO)	_____	_:__	_____	2-4 mg/kg	75 mg	25 mg/5 mL, 10 mg/5 mL
E	Meperidine (PO)	_____	_:__	_____	1-2 mg/kg	50 mg	25 mg/mL
F	Diazepam (PO)	_____	_:__	_____	.15-0.5 mg/kg	15 mg	5 mg (tablet)

The recommended dosages are applied ONLY when using the isolated drug.

Flavoring agent used | Syrup: Strawberry Grape Orange Cotton Candy Other

Oral Administration: Parent Operator

Cup: Willingly Coaxed Forced Rejected Failed

Syringe: Willingly Coaxed Forced Rejected Failed

Nasal Administration: Drops Spray

Pre-op Adverse Reactions: None Excitation Nausea/vomiting Other _____

BEHAVIOR ASSESSMENT

CRITERIA	WEIGHING	AIRWAY / VS	DRUG, ADMIN	PARENT SEPARATION
Quiet with no struggling				
Crying with no struggling				
Struggling only, no crying				
Crying, and struggling				

PRE-OP VITALS

(Minimum of four recording intervals required)

Time ¹	:	:	:	:	:	:	:	:	:
Procedure	B	S	A						E
Responsiveness									
Behavior									
Airway									
O2SAT									
HR									
RR									
BP									
CO2									
Lido/Septo (mg)	n/a								
N2O (%)									

- 1- Recording intervals by Responsiveness³: none (I), q 15 min (II), q 10 min (III), q5 min (VI)
- 2- Procedure: Baseline (B), Start (S), Anesthesia (A), Restorative (R), Oral Surgery (O), End (E)
- 3- Responsiveness: Awake (I), Drowsy (II), Asleep (III), Non-Arousable (IV)
- 4- Behavior: Quiet (Q), Crying (C), Struggling (S), Crying and Struggling (CS)
- 5- Airway Sound: Clear (C), Stridor (S), Gurgling (G), Wheezing (W), Apnea (A)

Intra-operative Complications: None Yes _____

Positioners: Papoose board Mouth prop Head restraint Shoulder roll
Monitors: Clinical observation Pretracheal steth Pulse oximeter
 Capnograph Dinamap _____

Discharge Criteria Time | Time: _____
 Vital signs: O2 Sat ____% HR ____ / min RR ____ / min BP ____ / ____ mmHG
 Sit up unaided Easily arousable Able to swallow / cough
 Written post-op instructions given
Behavior: Quiet Crying Struggling Crying and Struggling
 To whom patient was discharged: _____

POST-OP OPERATOR EVALUATION

Overall Sedation Quality:
 Aborted - no treatment rendered
 Poor - treatment interrupted, only partially completed
 Fair - treatment interrupted, but eventually all completed
 Good - difficult, but all treatment completed
 Very Good - some limited crying or struggling
 Excellent - no crying; no struggling

Recommendations for Next Sedation*:
 No changes
 Change the medication / dose
 Refer for IV sedation
 Refer to OR

Overall Behavior Evaluation
 -- - + ++

Comments: _____

Complications and Morbidity: _____

Participating Personnel: _____

Operator: _____ **Recording:** _____

Signature: _____



Orthodontics
Matthew Ahrens, DMD
Mary Shehata, DDS

General Dentistry
Michael Chiamonte, DMD
Kara Ford, DMD
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Pediatrics
James McIlwain, DDS, MSD
Leigh Ann McIlwain, DMD
Michael McIlwain, DMD

INFORMED CONSENT FOR SEDATION

Our objective in caring for your child is the same as yours. We want to restore your child's mouth to a state of good dental health and keep him/her as comfortable as possible in the process. We prefer to treat your child in the office. The alternative is in-office IV sedation or hospital admission and a general anesthetic to put your child to sleep.

In our office, your child will not be put to sleep as such. Dr. McIlwain will administer the sedative medications orally to keep your child comfortable during the dental treatment.

During treatment your child will be brought to the dental operator and placed in a protective wrap to prevent unnecessary movement. A prop will be placed in your child's mouth to help maintain and open position. Monitoring equipment and extra personnel will be on hand to ensure your child's well-being. Since parents are not permitted in the dental operator during sedations, we request that you remain in the waiting room until treatment is completed. If you must leave, please check with their receptionist so we can locate you if needed.

The most common side effects we have experienced for this medication in children are nausea, excitability, headache, dizziness and disorientation. It is extremely important that your child has not had anything to eat or drink since midnight the night before the sedation and has not had any illnesses in last two weeks.

However, we must inform you that although their occurrence is extremely rare, some risks are known to be associated with sedations of various kinds. These include but are not limited to the following: nausea, vomiting, allergic reactions and complications that rarely may result in death.

Dr. McIlwain has discussed with me, to my satisfaction, the possible complications of sedation. I have received and understand the preoperative and post operative instructions. The dental treatment and sedation procedures have been explained to me along with possible alternative therapies and their advantages and disadvantages. The probable sequela to no dental treatment has also been explained to me.

I am advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated and there can be no guarantee as to the result of treatment. I have read and understand the consent form and have been given an opportunity to ask questions about the procedure.

I give Dr. McIlwain permission to complete the following procedures on my child:

_____ Dental Restorations _____ Dental Extractions _____ Conscious Sedation

Patient Name _____ Date _____

Parent or Guardian Name _____

Parent or Guardian Signature _____

Dr. Signature _____ Witness Signature _____