

Moderate Sedation Record

JUSTIN L. RIDER, DDS, PLLC

Patient _____ Age _____ Today's Date ____/____/____

Dentist's Office _____ Post-Op Driver's Name _____ Post-Op Driver's Cell # _____

M.H.R. Pertinent Findings _____

PSH/Anes Hx _____ Family Surg/Anes Hx _____

Pre-op Meds/Drugs (last 24 hrs) _____ Allergies _____

- Consent Signed
- N.P.O. x _____ hrs.
- Pt. Voided
- Auscultation
- No Smoker/Vape Yes _____
- No Pregnancy Yes _____
- No EtOH Yes _____
- 1 2 3 4 Mallampati
- 1 2 3 ASA
- RACF RH IV Site _____
- 22 IV Catheter _____
- NIBP
- SpO2
- ECG
- Precord Steth
- EtCO2

- Continuous Monitoring Parameters (WNL)
If abnormal → check box(es) & explain below
- Skin Color Blood Mucosa
 - Responsiveness Verbal Commands

Anes. Start Time :	Time	5	10	15	20	25	30	35	40	45	50	55	60	Anes. End Time :		
PRE-OP														FINAL		
HR														HR		
SpO2														SpO2		
BP														BP		
RR														RR		
ECG														ECG		
SBP (✓)														<input type="checkbox"/> Vital Signs Strip Attached		
DBP (✓)																
HR (°)																
SpO2 (#)																
														Admin	Waste	Total
Midazolam 5mg/mL																
Dilaudid																
DMET																
Decadron 4mg/mL																
Zofran																
Other _____																
Oxygen (L/Min)																
N2O (L/Min)																
<input type="checkbox"/> Dextrose 5%																
<input type="checkbox"/> Other _____																
Lidocaine 2% 1:100																
Marcaine .5% 1:200																
Septocaine 4% 1:100																

Pre-/Post-Op Anes Notes _____

D/C Criteria Met Post-Op/Anes Instructions Dr.'s Signature _____ Date _____