Pre Operative Sedation Checklist

Written and Verbal Pre-Sedation Instructions Given: Yes   No (if no, why)? _____
        To: patient   parent: mom and/or dad   legal guardian/care-giver

MEDICAL HISTORY

Reviewed Medical History:	Yes	No	N/A
Reviewed Allergies:	Yes	No	N/A
Reviewed Patient and Family Patient/Family Surgical/Anesthesia History:	Yes	No	N/A
Reviewed Patient's Medications and Modifications (of meds):	Yes	No	N/A
Reviewed Medical Consults:	Yes	No	N/A

PHYSICAL EXAMINATION

ASA Class:
NPO Status (Time of Last Intake):
Height:
Weight:
BP:
HR:
R:
Mallampati: I   II   III   IV
Brodsky: I   II   III   IV
Auscultated Lung Sounds:
      L -
      R -

PRE-PROCEDURE READINESS REVIEW

Defibrillator/ AED accessible:	Yes	No	N/A
Emergency Drugs Accessible:	Yes	No	N/A
Positive Pressure O2 and Airways Accessible:	Yes	No	N/A

Pre-Operative Time Out / Review of Treatment/ Sedation Plan:

Correct Patient (verified by Name and Date of Birth)	Yes	No	N/A
Confirmed Procedure(s)/ Sedation	Yes	No	N/A
Supporting Diagnostic Radiographs	Yes	No	N/A
Consent for N2O/Sedation	Yes	No	N/A
Consent for Treatment (each procedure)	Yes	No	N/A
Consent for Protective Stabilization (if applicable)	Yes	No	N/A

If no to ANY item in Pre-Procedure Readiness Review, why?:

Special Pre-Operative Considerations (pediatric or high-risk patients): Yes   No   N/A
List:

Level of Sedation (circle all applicable):

        N2O/O2   OCS/Level 1   OCS/Level 2   IV/Level 3   General Anesthesia/ Level 4

Written and Verbal Post-Sedation Instructions Given: Yes   No (why)? _____
        To: patient   parent: mom and/or dad   legal guardian/care-giver

Date Checklist Completed:
Time Checklist Completed:

Dentist/ Anesthesiologist Full Name/Degree: