# Pre Operative Sedation Checklist

Written and Verbal Pre-Sedation Instructions Given:  
- Yes
- No (if no, why)?  

To:  
- patient (circle all applicable)
- 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):

<table>
<thead>
<tr>
<th></th>
<th>N2O/O2</th>
<th>OCS/Level 1</th>
<th>OCS/Level 2</th>
<th>IV/Level 3</th>
<th>General Anesthesia/ Level 4</th>
</tr>
</thead>
</table>

Written and Verbal Post-Sedation Instructions Given:  
- Yes
- No (why)?  

To:  
- patient (circle all applicable)
- parent: mom and/or dad
- legal guardian/care-giver

Date Checklist Completed:

Time Checklist Completed:

Dentist/ Anesthesiologist Full Name/Degree: