**D r . Y u & A s s o c i a t e s**

David H. Yu, D.D.S, M.S. | Nicole S. Litizzette, D.D.S., M.S.

4201 Bee Caves Road, Ste. C-211 Austin, TX 78746 | (512) 306-8822

**Intravenous Conscious Sedation Record**

**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_** Pre-Operative Checklist Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Current & Correct ❑ Changes: Updated See New Checklist

**Referral:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Pre-Op:**

Weight: \_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_’ \_\_\_\_\_” BP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Pulse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ O2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Resp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Patient NPO \_\_\_\_\_\_hrs BP Cuff Location: R/L\_\_\_\_\_\_\_\_

❑ Written Informed Consent

Pregnant? ❑ Yes ❑ No **Monitoring:** ❑ Oximetry ❑ BP/Pulse

 ❑ EKG ❑ Respirations

❑ Auscultation: ❑ Normal ❑ Abnormal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ ET CO2

**Sedative Route(s):** ❑ IV ❑ IM ❑ Oral

**IV Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gauge:** 22 24 **IV Start Time:** \_\_\_\_\_\_\_\_\_\_ **D/C Time:** \_\_\_\_\_\_\_\_

**Waste**

**0.25mg Halcion taken at:** \_\_\_\_\_ : \_\_\_\_\_ AM / PM and \_\_\_\_\_ : \_\_\_\_\_ AM / PM Other: \_\_\_\_\_\_\_\_\_\_ at: \_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Medication** | **Total Dose****Given** | **T** | **D** | **T** | **D** | **T** | **D** | **T** | **D** | **T** | **D** | **T** | **D** | **T** | **D** | **T** | **D** | **T** | **D** | **T** | **D** |  |
| Versed  |  mg |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fentanyl  |  mcg |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Decadron |  mg |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Zofran  |  mg |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| .9% NaCl |  mL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Ketorolac | mg |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Sedation Response:** Hypo-responsive\_\_\_\_\_\_ Hyper-responsive\_\_\_\_\_\_ **LOC (Glasgow):** 15 7.5 1

**Recovery and Discharge Post-Op:**

Anesthesia Recovery (Aldrete) Score EKG Interpretation: \_\_\_\_\_\_\_\_\_\_

**Anesthesia:**

\_\_\_ carps 4% Septocaine (1:100K epi)

\_\_\_ carps 2% Lidocaine (1:100K epi)

\_\_\_ carps 0.5% Bupivicaine (1:200K epi)

\_\_\_ carps 3% Mepivicaine

|  |  |  |
| --- | --- | --- |
| Activity: | Move all 4 extremities Move 2 extremitiesUnable to move extremities | 210 |
| Respiration: | Able to breathe deeply and cough feelyDyspnea, limited breathing or tachypneaApneic or on mechanical ventilator | 210 |
| Circulation: | BP ± 20% of pre-sedation levelBP ± 21-49% of pre-sedation levelBP ± 50% of pre-sedation level | 210 |
| Consciousness: | Fully awakeArousable on callingNot responding | 210 |
| Oxygen Sat: | Able to maintain sat >92% on room airNeeds oxygen to maintain sat >90%Sat <90% even on supplemental oxygen | 210 |

BP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Pulse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

O2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asst: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Asst: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discharged to:\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total: \_\_\_\_