



Moderate Sedation Record

BRYCE C. FORTNER, DDS

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 _____
 - 23 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	190													FINAL		
HR	180													HR		
	170															
SpO2	160													SpO2		
	150															
BP	140													BP		
	130															
RR	120													RR		
	110															
ECG	100													ECG		
SBP (✓)	90													<input type="checkbox"/> Vital Signs Strip Attached		
DBP (✓)	80															
HR (✓)	70															
SpO2 (#)	60															
RR														Admin	Waste	Total
Midazolam 5mg/mL																
Diazepam 5mg/mL																
Fentanyl 50mcg/mL																
Decadron 4mg/mL																
Other _____																
Oxygen (L/Min)																
N2O (L/Min)																
<input type="checkbox"/> Dextrose 5%																
<input type="checkbox"/> Other _____																
Lidocaine 2% 1:100																
Marcaine .5% 1:200																
Other _____																

Pre-/Post-Op Anes Notes _____

D/C Criteria 110.5 (6C) Met Post-Op/Anes Instructions **Dr.'s Signature** _____ Date _____