

INHALATION SEDATION CLINICAL RECORD

Date: _____ Patient: _____ Age: _____ Clinician: _____

ASA classification: I II III IV Med. Consult needed: Yes / No

Dental procedure: _____

Procedural data:

	PREOPERATIVE	POSTOPERATIVE
BP:	_____	_____
Pulse / Quality:	_____	_____
Respiration:	_____	_____
N ₂ O Start time:	_____	N ₂ O Finish time: _____
Titrated % of N ₂ O (for documentation purposes only)	_____	Total Sedation time: _____ (minutes)
_____		Post-op O ₂ time: _____ (minutes)

Pulse documentation: Rate / Regular or Irregular / Quality 0 – absent, not palpable 1- thready, weak, not easily detected 2- diminished, difficult to palpate, stronger than 1 3- full, normal, easy to palpate 4- bounding, aneurysmal, cannot be obliterated

Comments:

Clinician signature: _____ Evaluator signature _____