

# 1. Relevant Medical History

To be completed by the patient

Title, Forename, and Surname	
Date of birth:	
Mobile and Home Numbers:	
Email address:	
Occupation:	

MEDICAL HISTORY		YES	NO
CHEST/LUNG CONDITIONS	Chronic Bronchitis, Emphysema, Asthma, Shortness of Breath, other?		
	Please state:		
HEART/BLOOD CONDITIONS	Angina, high or low blood pressure, bleeding, pacemaker, stroke, other?		
	Please state:		
VIRUSES/INFECTIONS	Hepatitis, HIV, HPV, other?		
	Other (please state):		
EPILEPSY	Are you Epileptic?		
	Details?		
DIABETES	Do you have diabetes?		
	Details?		
CANCER(S)	Do you or have you had cancer(s)?		
	Details?		
HOSPITALISATIONS	Have you been hospitalized in the last 2 years?		
	Details?		
WARNING CARD	Do you carry a warning card?		
	Details?		
HABITS	How many cigarettes do you smoke per day?		
	How many units of alcohol per week?		
MEDICATION/SUPPLEMENTS	Please list any medications or supplements you are taking...		
ALLERGIES	Please list any allergies that you have...		
OTHER	Please include anything else the dentist or sedationist should know, including occupation, living arrangements, mobility, life at home etc...		

Patient signature: \_\_\_\_\_

Date of signing: \_\_\_\_\_

## 2. Sedation Specific History

To be completed by the patient

What is your height, weight and BMI?

Height:                      Weight:                      BMI:

Do you suffer from Sleep Apnoea, or have any neck movement or airway difficulties?

Do you use any recreational drugs?

(It is important the team know of any drugs that you might be taking before having IV sedation)

Have you had Sedation or General Anaesthetic previously?

(If so please give us a history and make us aware of any complications that arose)

Do you have or have you had any psychiatric conditions?

(Anxiety, depression, panic attacks, other)

Have you had any bad experience that you think we should be aware of?

Is there any chance you might be pregnant? Are you breastfeeding?

Do you have a pronounced gag reflex? Details?

Do you have any mobility issues or requirements?

Is there anything else that you feel the team should know?

**DENTAL ANXIETY.** Please score **EACH** question below using this scale:

**Not anxious=1**

**Slightly anxious=2**

**Fairly anxious=3**

**Very anxious=4**

**Extremely anxious=5**

**HOW WOULD YOU FEEL IF YOU WERE;**

at your Dentist for TREATMENT TOMORROW?

sitting in the WAITING ROOM (waiting for treatment)?

about to have a TOOTH DRILLED?

about to have your TEETH SCALED AND POLISHED?

about to have a LOCAL ANAESTHETIC INJECTION in your gum, above an upper back tooth?

MDAS Score: \_\_\_\_\_

### 3. Consent

To be completed by the patient

#### IV Conscious Sedation Informed Consent

A small cannula (plastic tube) is placed in the skin and a sedative drug or drugs are given that makes the patient relaxed and sleepy. This is **NOT A GENERAL ANAESTHETIC**. The aim is for the patient to be relaxed and comfortable during the treatment. Appropriate local anaesthesia will still be used when needed to avoid pain during the procedure. The patient may **NOT REMEMBER** anything afterwards. The patient will not be able to leave until appropriately recovered afterwards. The patient may be very tired, confused and uncoordinated afterwards.

#### CONSENT;

- I understand the dental treatment and the 'intravenous sedation' that will be provided and the possible outcomes. I understand and have discussed the **benefits, risks** and alternatives to sedation
- I am aware of potential complications including; **drowsiness** (common), nausea and vomiting (rare), oversedation (rare) and the need to **abandon** the procedure (rare). Stopping the procedure may need happened due to poor co-operation, a reaction in your behaviour, or due to medical reasons. In this instance, your safety is our priority. If this happens, we would need to let you recover and re-appoint you to discuss other options for your care (Rare)
- I am aware that the **alternatives** include local anaesthesia only, inhalation sedation, general anaesthesia, hypnosis, and other therapies
- I have agreed and consented to appropriate **deviations** to treatment with the dentist, and outside of this I am aware a further sedation appointment would be needed in order to obtain consent beforehand.
- I understand that I **MUST NOT** drive a vehicle, ride a bicycle, operate machinery, drink alcohol, make any big decisions, or **HAVE ANY RESPONSIBILITIES** for 24 hours (Including child care or pet care)
- I am aware that I should **NOT EAT OR DRINK FOR AT LEAST 2 HOURS** before my sedation appointment
- I am aware that I should arrange to be **OFF WORK THE DAY AFTER MY SEDATION**
- I am aware take my usual prescribed medicines should be taken unless directed otherwise by a doctor or dentist.
- I am aware that I should wear **short-sleeved** and loose, comfortable clothing on the day of my sedation so that my arms can be accessed for blood pressure and medication
- I am aware that I should wear comfortable, **sensible shoes** (no heels or flip flops etc)
- I am aware that I should not wear nail varnish or fake **nails** on the day of sedation (this is to allow for oxygen monitoring)
- The journey home will be by **car** or taxi. I am aware that I cannot use public transport.
- I have arranged for a **RESPONSIBLE, ABLE BODIED, ABLE MINDED CHAPERONE** (over the age of 18) to accompany me to my appointment, escort me home with respect to my dignity and ensure they stay with me until at least the next morning and until I'm appropriately recovered. I understand that my escort must remain **within the practice** during my treatment
- The chaperone must have **NO other responsibilities** (including childcare) during my care
- The chaperone must make sure that I am not left alone and they must be with me overnight
- I have discussed, read, and understood all the information that has been provided. I have been given an opportunity to ask about all aspects of the above and have had all my questions answered fully. If I have any further questions, I will make sure to ask at the earliest opportunity
- The chaperone will have seen, read, and understood all the information that has been provided. They will have an opportunity to ask about all aspects of the above. If they have any further questions, we will make sure to ask at the earliest opportunity

Signature: \_\_\_\_\_  
Patient's Name: \_\_\_\_\_  
Name of chaperone: \_\_\_\_\_  
Chaperone mobile: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Relationship to patient \_\_\_\_\_  
Method of transport \_\_\_\_\_

## 4. Pre-operative Assessment To be completed by the referring dentist

### **AIRWAY**

Are there any **AIRWAY** concerns?

(Mallampati score= 1-all/2-uvula/3-base/4-none. Head and neck movement. L.E.M.O.N assessment etc)

Is the patient's **NASAL AIRWAY** patent?

(L/R nares patent? Patient report problems/Hx? Any potential problem with nasal cannula?)

### **VITALS**

Resting **BLOOD PRESSURE**?

(**RESTING** BP MUST be <180/110 for sedation. Else refer to GP within 24h. >200/110 refer straight to A&E. ≥140/90 refer to GP for investigation. Leader, Ross, et al. "Hypertension– an update for the dental (sedation) team." Dental Update 46.6 (2019): 508-513.)

Resting SpO<sub>2</sub>?

Resting HR?

Resting respiratory rate?

### **CHECKS**

The written **CONSENT** has been completed and discussed verbally BEFORE the day of the treatment?

(Before day of treatment unless emergency procedure. Preop discussion about Conscious sedation, advised not GA, not asleep, may/may not have amnesia.

Risks explained including N+V, bruising, dizziness, inability to perform tasks for 24 hours etc)

What is the **JUSTIFICATION** for sedation?

(Tx complexity + IOSN/MH/MDAS/anxiety/Gag reflex etc)

Procedure/justification/All relevant anxiety Mx techniques discussed/main concern?

MDAS?

(0-5 not anxious. 6-10 low anxiety. 11-14 moderate anxiety. 15-18 high anxiety. 19-25 extreme anxiety/phobic)

**ASA**?

(Guideline 1 or 2. 3 may be possible sometimes but further case review needed)

### **OTHER**

**CHAPERONE**/relationship to patient/driving/able bodied and able minded?

Gag?

Veins?

Full neck movement?

Pregnant/Breast feeding?

Post op instructions given verbally, all questions answered?

### **Pt REMINDED;**

- Short sleeve top (canulation/BP)
- Bring a jumper or blanket to keep you warm
- Sensible shoes
- No fake nails or nail varnish
- Arrive 10 mins early – pay bill and go to the toilet
- Shared below resource with patient to practice;

[https://soundcloud.com/roycollanaes/relaxation-before-surgery-](https://soundcloud.com/roycollanaes/relaxation-before-surgery-5?utm_source=clipboard&utm_campaign=wtshare&utm_medium=widget&utm_content=https%253A%252F%252Fsoundcloud.com%252Froycollanaes%252Frelaxation-before-surgery-5)

[5?utm\\_source=clipboard&utm\\_campaign=wtshare&utm\\_medium=widget&utm\\_content=https%253A%252F%252Fsoundcloud.com%252Froycollanaes%252Frelaxation-before-surgery-5](https://soundcloud.com/roycollanaes/relaxation-before-surgery-5?utm_source=clipboard&utm_campaign=wtshare&utm_medium=widget&utm_content=https%253A%252F%252Fsoundcloud.com%252Froycollanaes%252Frelaxation-before-surgery-5)

Pre-operative assessment signed...

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Pre-operative assessment completed by...

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Date completed...

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## 5. Chaperone After Sedation Instructions

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You have been asked to accompany someone who is having dental treatment under sedation. Patients can feel less anxious if they receive sedative drugs before or during their dental treatment. The drugs used can cause some patients to feel a little disorientated or confused for a short time after the treatment. It is important that someone will be responsible for them and take care of them for 24 hours. It is important that you follow these instructions.

The patient will not be allowed to go home until the practice is satisfied that the patient is in the care of a responsible adult (over 18 years of age). The escort must be present with the patient as they leave the dental surgery. Some patients take a little longer than others to be ready to go home so please be aware that a precise time cannot always be given.

The patient's judgement (ability to think clearly) is likely to be affected. Patients should not make any irreversible decisions for up to 24 hours following their treatment. Patients should not drive a vehicle, ride a bicycle, operate machinery, drink alcohol or partake in any other dangerous tasks for 24 hours. Owing to the after-effects of the drugs used, care should be taken when using the internet for personal communication. The dentist will explain to the patient which pain relief medicines he or she may take. Patients should take their usual prescribed medicines unless directed otherwise by their doctor or dentist.

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### IMPORTANT!

For 24 hours the patient **MUST NOT**;

- drive a vehicle
- ride a bicycle
- operate machinery
- drink alcohol
- partake in any dangerous tasks
- make any big decisions for at least 24 hours

# Chris Chucas Sedation- Monitoring Sheet

Date	Patient	DoB	Age

MH/Checked with Dentist

ASA/BMI

MDAS/Concern

Tx and order

Level of sedation agreed

Airway

(Visual/Mobility/Opening/Mallampati score; 1-all/2-uvula/3-base/4-none)

Flumazenil

Fasting

Justification/Consent/Toilet

Chaperone

(Name/relationship/number/presence/transport)

Paracetamol?

Dexamethasone?

IV Fluids?

Operator	Nurse	Location	Planned Start	Planned End
Drug/Concentration/Batch/Expiry		Cannula size/site		

	TIME	SpO <sub>2</sub>	RR	HR	etCO <sub>2</sub>	BP	Titrated (ml)	Running total (ml)	RASS
Pre-Op									
Tx									
Total titrated (mg)									

Cannula removed/Discharge assess time/Recovery/Operating conditions	
Post-ops, written and verbal, pt + chaperone?	

Notes;

Signed/Countersigned;