

Adult - Intravenous Conscious Sedation Pre-op booking-in form

Assessment date _____ Verbal consent given for assessment & examination
[] yes [] no

Patient's name _____

Date of birth _____

Patient ID _____

O² saturation

Pulse rate
BPM

Blood pressure

ASA Score

IOSN score

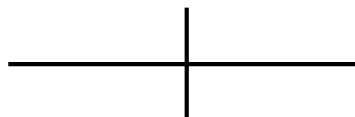
Pre-op by:

Attending nurse:

Consultation by:

Purpose of referral & Relevant dental history

- [] Extraction
[] under local anaesthetic
[] conscious sedation
[] Biopsy
[] Other ...



Medical history

- [] medical history form attached

Prescribed medications

- [] as listed on medical history form attached

Allergy

- [] Analgesics
[] Antibiotics
[] Pet allergy
[] Hay fever
[] Foods
[] Latex
[] Other ...

Social history

- [] **Smoker;**
[] amount per day
[] Uses a vaporiser
[] Cessation advice
[] **Past smoker;**
[] amount per day
[] years smoking
[] years stopped
[] Never smoked
- [] **Alcohol user;**
[] units per week
[] Reduction advice
[] Recreational drugs user;
[] Cessation advice
Drug of choice ...

Stress Scale: 0 1 2 3 4 5 6 7 8 9 10 10+

Conscious sedation & general anaesthetic history

Has had before with no ill effects (as reported by patient)

- [] General anaesthetic
[] Local anaesthetic
[] Conscious sedation

Extra oral examination

[tick to indicate no abnormality found]

- ☐ Lymph Nodes
☐ Lips
☐ Facial Symmetry

TMJ

[tick to indicate no abnormality found]

- ☐ Temporomandibular Joint
☐ Dysfunction
☐ R ☐ L

Intra oral examination**Soft tissue examination**

[tick to indicate no abnormality found]

Palate

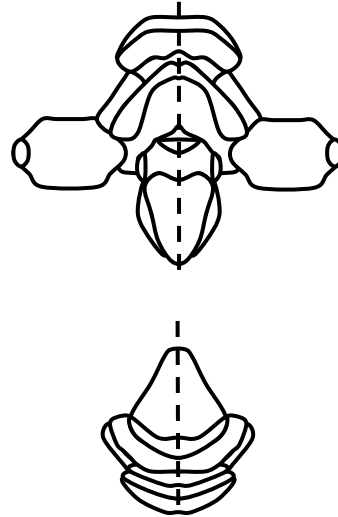
- ☐ Hard
☐ Soft

Gingiva

- ☐ Posterior
☐ Anterior

Tongue

- ☐ Dorsal
☐ Lateral
☐ Ventral
☐ Floor of mouth
☐ Lips
☐ Cheek

**Investigations**

- ☐ Radiographs
☐ OPG ☐ PA
☐ Vitality testing
☐ Intraoral image taken
☐ Apical radiolucency
☐ Radiolucency suggestive of caries

Prosthetics & appliances

- ☐ Removable [denture] ☐ orthodontic
☐ Fixed [crowns] [bridge] [implant] [splint] ☐ orthodontic

Additional notes continued on record card ☐ [tick to indicate continuation of notes on record card]

Patient has received and submitted:

- ☐ Medical history form
☐ Information for patients having sedation
☐ Informed consent for radiographic examination
☐ Informed consent for treatment under sedation
☐ Informed consent for extraction under local anaesthesia
☐ Perioperative sheet filled out by patient and signed by sedationist
☐ Information for post-operative care and bite pack given to patient/chaperone

- ☐ Name of chaperone Relationship
☐ Chaperone understands that they must be responsible for the patient for 24 hours post op

Singed**Date**