Florida Dental Anesthesia Services

Anesthesia Record

Name: D.O.B.(mm / dd / yyyy) / /			Record #:	NPO for _____ hours	Date: / /
M F	Age:	HT WT kg	ASA: 1 2 3 4 BMI:	Mallampati I II III IV	☐ Equipment Checked
Allergies:				Medications:	
Procedure(s):					
Surgeon(s):				Sed-Anes provider/assistant(s)	
Anes start @ :	Surgery start @ :	Surgery finish @:	Anes finish @ :	Recovery @	Discharged @

Baseline BP: ____/____ HR: ____ SpO2: ____%

Time: Totals

O_2 liters /min													
N_2O liters/min													
Midazolam (mg)													
Fentanyl (mcg)													
Propofol (mg)													
Propofol (mcg/kg/min)													
Remifentanil (mgc/kg/min)													
Ketamine (mg)													
Atropine (mg)													
Ondansetron (mg)													
Dexamethasone (mg)													
Toradol (mg)													
Fluids: NS LR D5LR													
LA: (mL)													
ECG Rhythm													
SpO_2 (%)													
$EtCO_2$ (mm Hg)													
Resp Rate / min													
Temp F Site:													

Sedation-Anesthesia Notes

☐ GA ☐ Deep Sed

☐ Moderate Sed ☐ Minimal Sed

Throat pack in @ _____

Throat pack out @ _____

Monitors

☐ ECG ☐ NIBP

☐ Pulse Ox

☐ Capnograph

☐ Precordial Stethoscope

☐ Temperature

IV

Size (g):

☐ R ☐ L

☐ Hand ☐ Wrist

☐ Arm ☐ ACF

☐ Saph ☐ Foot

☐ Difficult

Fluid Totals

Fluids (mL):

EBL (mL):

Airway

☐ Nasal Cannula

☐ Mask

Airway Needed? Y N

Ventilation: ☐ Easy ☐ Difficult

☐ Oral ☐ ETT

☐ Nasal R L

Size: @ cm

☐ Cuff ☐ Air

☐ LMA Size:

Laryngoscope:

Grade: I II III IV

☐ Blind ☐ Fiberoptic

☐ Magill ☐ Difficult

Attempts:

Extubation

☐ Awake

☐ Asleep

Recovery Area Vital Signs

Time _____ VS BP: / HR: SpO2: %

Time _____ VS BP: / HR: SpO2: %

Recovery Notes

Discharge Summary

☐ Awake, responsive & oriented	☐ Heart rate & BP WNL
☐ Minimal/no PONV	☐ SpO_2 > 94% or at pre-op value
☐ Instructions discussed: escort patient	☐ Post op pain controlled
☐ Received written post op instructions	☐ All questions answered prior to d/c

☐ Pt discharged from office in care of _____

Anesthesiologist Signature: _____