

# Pre-Operative Sedation/ Anesthesia Checklist

\*Name \_\_\_\_\_

\*Date \_\_\_\_\_

\*Patient ID # \_\_\_\_\_

\*Pre-op and Post op Instructions Given \_\_\_\_\_

\*Address and Phone number \_\_\_\_\_

**MEDICAL TIMEOUT\*\*\***

\*Chief Complaint \_\_\_\_\_ ASA Status 1 2 3 4 E

Proposed Procedure \_\_\_\_\_ Pain Scale \_\_\_\_/10

Pre-procedure Diagnosis \_\_\_\_\_ \*NPO since \_\_\_\_\_

\*Pediatric Patient: NA (12 years and younger) \_\_\_\_\_ \*Special Consideration High Risk Patient Y/NA

\_\_\_\_\_\*Medical History Reviewed \_\_\_\_\_ \*Omissions: \_\_\_\_\_

\*Current Medications \_\_\_\_\_ Y / N Medical consultation

\_\_\_\_None

\*Allergies \_\_\_\_\_ \* Y / N Pregnant \* \_\_\_\_LMP

\_\_\_\_NKDA

\*Anesthetic History \_\_\_\_\_ No Previous Anesthetic History

\_\_\_\_Previous Anesthetic W/O Problem \_\_\_\_Family HX of Anesthetic Complication \_\_\_\_Malignant Hyperthermia

\_\_\_\_\*Family Anesthesia History

<p><b>*Respiratory __None</b></p> <p>____Asthma/Reactive Airway</p> <p>____Bronchitis</p> <p>____COPD</p> <p>____Dyspnea</p> <p>____Orthopnea</p> <p>____Recent URI</p> <p>____SOB</p> <p>____TB</p> <p>____Tobacco Use</p>	<p><b>*Cardiovascular __None</b></p> <p>____Angina</p> <p>____CHF</p> <p>____Dysrhythmia</p> <p>____Hypertension</p> <p>____MI</p> <p>____Murmur</p> <p>____Pacemaker</p> <p>____Rheumatic Fever</p> <p>____Congenital Heart Disease</p> <p>____Valvular Disease</p>	<p><b>*GI __None</b></p> <p>____Cirrhosis</p> <p>____Hepatitis</p> <p>____Reflux</p> <p>____Ulcers</p> <p>____Esophageal Disease</p>	<p><b>*Neuro __None</b></p> <p>____CVA</p> <p>____Headaches</p> <p>____TIA's</p> <p>____Syncope</p> <p>____Muscle Weakness</p> <p>____Seizures</p>	<p><b>*Endocrine/Renal __None</b></p> <p>____Diabetes</p> <p>____Dialysis</p> <p>____Thyroid Disease</p> <p>____Renal Failure</p> <p>____Artificial Heart valve</p> <p>____Artificial Joints</p> <p>____Blood thinners</p>	<p><b>*Misc__None</b></p> <p>____Anemia</p> <p>____Arthritis</p> <p>____Bleeding Disorder</p> <p>____Cancer</p> <p>____Chemotherapy</p> <p>____Drug/ETOH use</p> <p>____Immunosuppression</p> <p>____Sickle Cell Disease/Trait</p> <p>____Recent Steroids</p> <p>____Bisphosphonates</p>
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\*General \_\_\_\_Well developed, well nourished Pre-op vitals BP: P: \* Y / N Obese \_\_\_\_\*Height \_\_\_\_\*Weight \_\_\_\_\*Age

\_\_\_\_Anxious RR: \_\_\_\_\_

Airway \_\_\_\_Good range of motion of neck and jaw \_\_\_\_\*Missing/loose/chipped teeth

Mallampati Class I II III IV

Lungs \_\_\_\_Clear to auscultation

Heart \_\_\_\_Regular rate and rhythm \_\_\_\_Murmur

Dr. Jared Williams DDS \_\_\_\_\_ Date \_\_\_\_\_

**Post Procedure Discharge Assessment**

\_\_\_\_Alert and Oriented Discharge instructions given to \_\_\_\_patient \_\_\_\_Patient caregiver

\_\_\_\_Return to baseline mental status \_\_\_\_Discharged to \_\_\_\_home \_\_\_\_other

\_\_\_\_Written and verbal instructions delivered to patient, parent, guardian or caregiver

\_\_\_\_Vitals signs returned to baseline

Dr. Jared Williams DDS \_\_\_\_\_ Date \_\_\_\_\_

