



Conscious Sedation Record โรงพยาบาลศิริราช

Name..... HN.....

Age..... Y M Date.....

Operator..... Monitor.....

Health History Summary.....Allergy.....

Pre-op Behavior..... Frankl Score 1 2 3 4

Physical Evaluation completed by MD. On..... Physical status ASA I II III IV

Reason for Sedation.....

Pre-op evaluation : Height.....cm. Weight.....kg. Temp.....°C B.P.mmHg

HR.....rate/min. RR.....rate/min. O₂Sat.....%

Last PO intake.....

Sedation Agents : A. Dose.....mg ml.

B. Dose.....mg ml.

C. Dose.....mg ml.

Delivery Methods Syringe Spoon Drink

Dental staff assistance Parent assistance

Time given.....

Complication during administration.....

Estimated medical loss ml.

Response Falls sleep min. after meds.

Local Anesthetics Total.....mg. ml.

Waiting time..... min. Treatment began..... Ended at.....

Time														Remarks			
O ₂																	
N ₂ O																	
SaO ₂																	
Pulse (•)	200 180 160 140 120 100 80 60 40																
B.P. (VΛ)																	
Start Anes. (X)																	
Start OP (⊙)																	
End Anes. (⊗)																	

Monitors : Precordial Steth. Pulse Oximeter Sphygnomanometer

Discharge Summary : Time.....

Vital sign : HR.....rate/min. RR.....rate/min O₂Sat.....% B.P. mmHg.

Sleepy longer than 15 min. Sleepy Alert Crying etc.

Sedation outcome : Satisfactory Unsatisfactory Aborted

Comments

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Student signatureFaculty Signature.....