SLEEPY TOOTH DENTAL

PRE-ANESTHESIA ASSESSMENT

NPO: / / TIME :

ALLERGIES:

NAME:

DOB: AGE:

SEX: HT: WT:

HISTORY AND PHYSICAL

RESPIRATORY ❑ NONE
- ❑ ASTHMA/BRONCHITIS
- ❑ COPD/DYSPNEA
- ❑ PRODUCTIVE COUGH
- ❑ SLEEP APNEA
- ❑ O2 DEPENDENT
- ❑ SEASONAL ALLERGIES

CARDIOVASCULAR ❑ NONE
- ❑ HYPERTENSION
- ❑ ANGINA/MI
- ❑ CHF/ORTHOPNEA
- ❑ VALVE DISEASE/MVP
- ❑ ARRYTHMIA
- ❑ EXERCISE TOLERANCE
- ❑ PPM/AICD
- ❑ HYPERLIPIDEMIA

GASTROINTESTINAL ❑ NONE
- ❑ GERD/PUD/ACID REFLUX
- ❑ HIATAL HERNIA
- ❑ LIVER CIRRHOSIS
- ❑ VOMITING/DIARRHEA

INFECTIOUS DISEASE ❑ NONE
- ❑ HIV ❑ MRSA
- ❑ TB ❑ HEPATITIS

MEDICATIONS (UNDERLINE IF MED TAKEN TODAY)
NONE

PAST SURGICAL HISTORY

DATE	PROCEDURE	ANESTHETIC	COMPLICATIONS

FAMILY HISTORY:DENIES ANESTHETIC COMPLICATIONS

PAIN SCORE 0 1 2 3 4 5 6 7 8 9 1 LOCATION: _____

RENAL/ENDOCRINE ❑ NONE
- ❑ DM
- ❑ ESRD
- ❑ CHRONIC RENAL INSUFF.
- ❑ THYROID DISEASE
- ❑ WOMEN: PREGNANCY
- ❑ OBESITY

NEUROLOGICAL/SKELETAL ❑ NONE
- ❑ CVA/STROKE/TIA
- ❑ ARTHRITIS
- ❑ SYNCOPE/SEIZURES
- ❑ SPECIAL NEEDS
- ❑ PSYCH HX
- ❑ ACUTE SITUATIONAL ANXIETY

HEMATOLOGIC ❑ NONE
- ❑ ANEMIA
- ❑ COAGULOPATHY
- ❑ JEHOVA'S WITNESS
- ❑ CANCER
- ❑ CHEMO/RADIATION
- ❑ WOMEN: LMP _____

PEDS ❑ NONE
- ❑ UNCOOPERATIVE
- ❑ COMBATIVE
- ❑ PRE-TERM

HABITS ❑ NONE

❑ ETOH ❑ TOBACCO ❑ DRUG USE ❑ HERBAL MEDS

COMMENTS: _____

AIRWAY

MALAMPATTI I II III IV

TM DISTANCE: ❑ over 6 cm

TM DISTANCE: ❑ less than 6 cm

PROMINENT INCISORS? ❑ Yes ❑ N

AO EXTENSION: ❑ 0 ❑ 1/2 ❑ FULL

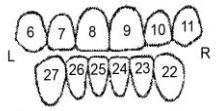
MOUTH OPENING: ❑ Normal ❑ Limited

NECK MOBILITY: ❑ Normal ❑ Limited

PRIOR DIFF INTUBATION Y N

ANTICIPATE DIFF INTUBATION Y N

DENTITION: GOOD POOR



CHIPPED: _____ MISSING: _____

LOOSE: _____ BRIDGE: _____

CAPPED: _____ DENTURE: _____

PATIENT INFORMED OF DENTAL RISK: ❑ Y ❑ N

PHYSICAL EXAM

MENTAL STATUS: ❑ Alert ❑ Oriented ❑ Confused ❑ Unresponsiv

BP: / P: R: T:

Lungs: _____ Neuromuscular: _____

Cardiovascular: _____ Other: _____

LABS

CBC	UCG	EKG
CHEM 8		CXR

ASSESSMENT & PLAN

ASA PHYSICAL STATUS: 1 2 3 4 5 6 E

❑ RISKS/BENEFITS/ALTERNATIVES DISCUSSED ❑ GA ❑ MAC

INFORMED CONSENT OBTAINED FROM: ❑ PATIENT ❑ RELATIVE ❑ GUARDIAN
❑ OTHER: _____
❑ TRANSLATOR: _____

❑ POST OPERATIVE PAIN MANAGEMENT DISCUSSED

COMMENTS:

ANESTHESIA PROVIDER NAME (PRINT):	**EISDORFER**	SIGNATURE:	DATE:	TIME:

SLEEPY TOOTH DENTAL

ANESTHESIA RECORD

NAME: | DATE:

DOB: | AGE: | SEX:

LOCATION:

ANESTHESIA PROVIDER (PRINT): **EISDORFER** | START: | END: | SURGEON:

❑ PATIENT IDENTIFIED ❑ CONSENT PRESENT | ASA: ❑1 ❑2 ❑3 ❑4 ❑5 ❑E | PREOP DIAGNOSIS:

ALLERGIES | HT | WT | BMI | PROCEDURE:

PRE-ANES MED (DRUG, ROUTE, TIME):

LINE (SIZE & SITE)

❑ IV:_____ ❑ Prep

❑ IV:_____ ❑ Glove

❑ IO:_____

MONITORS & EQUIPMENT

❑ Equipment Checked & Functional

❑ BP - Cuff Site:_____

❑ ASA Monitors ❑ Precordial Steth

❑ O2 Analyzer ❑ Agent Monitor

❑ Pulse Oximeter ❑ Capnograph

❑ OG Tube ❑ Other:

TEMPERATURE

❑ Temp - Site: ❑ Skin ❑ Other:

❑ HME ❑ Blanket ❑ Heating Pad

AIRWAY

INDUCTION: ❑ IV ❑ Inhale ❑ IM

❑ Pre O2 ❑ Cricoid Pressure

❑ Mask ❑ Oxymetazoline (L / R / BL)

❑ Oral Airway ❑ NPA (L / R #:

❑ ETT / LMA / NPA / NC / NASAL HOOD

❑ Blade:_____

❑ ETT Size:_____ ❑ Taped At:_____cm

❑ Grade:_____ ❑ Cuff:_____cm H20

❑ Difficult ❑ Attempts:_____

❑ Atraumatic ❑ Oral ❑ Nasal ❑ Trach

❑ Direct Vision ❑ Blind ❑ Stylette

❑ BS = Bilateral ❑ = EtCO2 (+)

PATIENT SAFETY

❑ Pressure Points Checked

❑ Eyes Protected

❑ Positioning Precautions

ANESTHETIC TECHNIQUE

❑ General ❑ MAC No Drug

❑ Local by Surgeo ❑ MAC With Drug

TIME	0	15	30	45	**1hr**	15	30	45	**2hr**	15	30	45	**3hr**	15	30	45	TOTAL
AGENTS: O2 (L/M)																	
(L/M)																	
%																	
propofol (mcg/kg/min)																	
remifentanil (mcg/kg/min)																	
fentanyl(mcg)/dilaudid(mg)																	
dexamethasone (mg)																	
propofol (mg)																	
( )																	
( )																	
( )																	
( )																	
zofran (mg) ( )																	
toradol (mg) ( )																	
FLUIDS/MONITORS: TEMPERATURE (^{0}C)																	
EKG																	
FIO2																	
ETCO2																	
SPO2																	
NEURO INDEX (TOF)																	
EBL																	
FLUIDS: LR / D5LR / NS 200																	200
180																	180
160																	160
140																	140
120																	120
100																	100
80																	80
60																	60
40																	40
VENT: V_T or V_{MIN}																	
RESP. RATE 20																	20
PEAK PRESS (mmHg)																	
MODE																	
PEEP (mmHg) 0																	0
SYMBOL/POSITION																	

REMARKS

Legend

Anesthesia/Operation		Ventilation	
X	denotes anesthesia start and stop	SV	Spont.
⊙	denotes surgery start and stop	AV	Assisted
v	denotes systolic bp	CV	Controlled
∧	denotes diastolic bp		
•	denotes heart rate		

All Meds IV Unless Otherwise Noted

INDUCTION (I)

ketamine mg versed mg

glyco mg Other:

TIMES

	SURG	THROAT PACK
START/IN:		
END/OUT:		
EXTUBATION:		
TOTAL TIME		

IV ANTIBIOTICS (DRUG, ROUTE, TIME)

❑ NONE PER SURGEON

❑ Case discussed with surgical team.
❑ Patient status reviewed immediately prior to induction.
❑ I was personally present throughout the anesthetic.

EMERGENCE

EXTUBATED AFTER PROCEDURE? ❑ Yes ❑ No

SATISFACTORY MUSCLE STRENGTH ❑ Yes ❑ No

ADEQUATE RATE/VOLUMES? ❑ Yes ❑ No

RECOVERY

VITALS	BP	P	R	SPO2	T

ACTIVITY: ❑ Moving all Extremities, Strong ❑ Other

RESPIRATORY: ❑ Deep Breath ❑ Limited Respiration/Dyspnea ❑ Apnea ❑ Ventilator

COLOR: ❑ Pink ❑ Pale ❑ Cyanotic

CONSCIOUSNESS: ❑ Awake ❑ Crying ❑ Drowsy ❑ Unresponsive

PAIN SCORE: ____/10 PAIN MEDS: ❑ GIVE

ASSESSMENT:

PLAN:

DISCHARGE NOTE ❑ Vital signs stable in normal range ❑ Oxygen saturation stable in acceptable range ❑ Cardiovascular and hydration status stable
❑ Respirations spontaneous, stable, and airway is patent ❑ Temperature in normal range (if taken) ❑ Pain control satisfactory (or unable to assess) ❑ Nausea/vomiting controlled
❑ Tolerating PO diet ❑ Ambulating ❑ Voiding

CRITERIA MET FOR DISCHARGE TO: ❑ Home with escort ❑ Transport to hospital

ANESTHESIA PROVIDER NAME: **EISDORFER** | ANESTHESIA PROVIDER SIGNATURE: | DATE: | TIME: