



# STATE OF IOWA

## IOWA DENTAL BOARD

TERRY E. BRANSTAD, GOVERNOR  
KIM REYNOLDS, LT. GOVERNOR

PHIL MCCOLLUM  
INTERIM DIRECTOR

### **ANESTHESIA CREDENTIALS COMMITTEE**

#### **AGENDA**

January 23, 2014, 12:00 P.M.

**Location\*:** Iowa Dental Board, 400 SW 8<sup>th</sup> St., Suite D, Des Moines, Iowa

**Members:** *Kaaren Vargas, D.D.S. Chair; Richard Burton, D.D.S.; Steven Clark, D.D.S.; John Frank, D.D.S.; Douglas Horton, D.D.S.; Gary Roth, D.D.S.; Kurt Westlund, D.D.S.*

- I. CALL MEETING TO ORDER – ROLL CALL**
- II. COMMITTEE MINUTES**
  - a. *October 24, 2013 – Teleconference*
- III. GENERAL ANESTHESIA PERMIT APPLICATIONS**
- IV. MODERATE SEDATION PERMIT APPLICATIONS**
  - a. *Bradley Hagarty, D.D.S.*
  - b. *Other applications, if received*
- V. MODERATE SEDATION COURSES FOR REVIEW**
  - a. *Conscious Sedation Consulting*
- VI. PEER EVALUATIONS**
- VII. OTHER BUSINESS**
  - a. *Proposed rule amendments – Ch. 29, “Sedation and Nitrous Oxide Inhalation Analgesia”*
- VIII. OPPORTUNITY FOR PUBLIC COMMENT**
- IX. ADJOURN**

\*Committee members may participate by telephone or in person.

If you require the assistance of auxiliary aids or services to participate in or attend the meeting because of a disability, please call the Board office at 515/281-5157.

Please Note: At the discretion of the committee chair, agenda items may be taken out of order to accommodate scheduling requests of committee members, presenters or attendees or to facilitate meeting efficiency.



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### ANESTHESIA CREDENTIALS COMMITTEE

#### - TELEPHONIC MEETING -

#### MINUTES

**October 24, 2013**  
**Conference Room**  
**400 S.W. 8<sup>th</sup> St., Suite D**  
**Des Moines, Iowa**

#### **Committee Members**

Kaaren Vargas, D.D.S.  
Richard Burton, D.D.S.  
Steven Clark, D.D.S.  
Douglas Horton, D.D.S.  
Gary Roth, D.D.S.  
Kurt Westlund, D.D.S.  
Vacancy

#### **October 24, 2013**

Absent  
Absent  
Present  
Present  
Present  
Present  
Absent

#### **Staff Member**

Melanie Johnson, Christel Braness, Phil McCollum

#### **OPEN SESSION**

#### **I. CALL TO ORDER FOR OCTOBER 24, 2013**

Ms. Braness called the meeting of the Anesthesia Credentials Committee to order at 12:09 p.m. on Thursday, October 24, 2013. This meeting was held by conference call to review committee minutes, applications for general anesthesia and moderate sedation permits, and other items for committee consideration. It was impossible for the Committee to schedule a meeting on such short notice and impractical for the Committee to meet with such a short agenda. A quorum was established with four members present.

#### Roll Call:

<u>Member</u>	<u>Vargas</u>	<u>Burton</u>	<u>Clark</u>	<u>Horton</u>	<u>Roth</u>	<u>Westlund</u>	<u>(Vacancy)</u>
Present			x	x	x	x	
Absent	x	x					x

## **I. COMMITTEE MEETING MINUTES**

- *July 25, 2013 – Teleconference*
- *September 19, 2013 – Teleconference*
- ❖ MOVED by ROTH, SECONDED by WESTLUND, to approve the minutes as submitted. Motion APPROVED unanimously.

## **II. GENERAL ANESTHESIA PERMIT APPLICATIONS**

- *Gregory S. Sears, D.D.S.*

Dr. Westlund indicated that it appears that he practiced in Nebraska previously.

- ❖ MOVED by WESTLUND, SECONDED by ROTH, to recommend approval of the application for general anesthesia permit. Motion APPROVED unanimously.

## **III. MODERATE SEDATION PERMIT APPLICATIONS**

- *Rachel A. Revell, D.D.S.*
- *Jack T. Warrington, D.D.S.*

Ms. Braness provided an overview.

- ❖ MOVED by ROTH, SECONDED by CLARK, to recommend approval of the application for moderate sedation permit. Motion APPROVED unanimously.
- *William E. Skinner, D.D.S.*
- ❖ MOVED by ROTH, SECONDED by WESTLUND, to approve the course as submitted. Motion APPROVED unanimously.
- ❖ MOVED by ROTH, SECONDED by WESTLUND, to recommend approval of the application for moderate sedation permit. Motion APPROVED unanimously.
- *Brandon Syme, D.D.S.*

Dr. Clark clarified that he is completing a fellowship in oral surgery, along with teaching responsibilities.

- ❖ MOVED by ROTH, SECONDED by CLARK, to recommend approval of the application for moderate sedation permit. Motion APPROVED unanimously.

#### **IV. OTHER BUSINESS**

- *2014 Committee Meeting Dates*

Ms. Johnson provided an overview of the proposed meeting dates.

Dr. Westlund, Dr. Horton indicated that Thursdays at noon were the best for their schedules.

Ms. Braness and Ms. Johnson will send an email to all committee members to establish quorums for the 2014 meetings.

Dr. Westlund questioned the Board schedule in 2014 and how Board staff and the committee may address applications between meeting dates. Ms. Braness and Ms. Johnson indicated that teleconferences will be scheduled to address matters as necessary.

Ms. Braness indicated that it's helpful to have applicants give us a preferred start date, when available. Dr. Roth proposed adding a space on the application for the applicant to provide this information.

Ms. Johnson reported that the IDA's attorneys have questioned the interpretation of the law and rules in regards to provisional permits. Ms. Johnson indicated that there will be ongoing discussions about how to best address this.

- *2014 Application Deadlines*

Ms. Johnson provided an overview about the proposed deadlines. Dr. Roth asked about what might happen if applications are received after the deadlines.

Ms. Braness and Ms. Johnson explained that these are just recommendations and that staff will work with applicants and the committee to address these applications as needed.

Dr. Westlund asked about how these proposals benefit staff. Ms. Braness explained that this was informational.

- *Adopted and Filed – Final Amendments to Chpt. 29, “Sedation and Nitrous Oxide Inhalation Analgesia” (NOIA ARC #1008C, 9/4/13 IAB)*

Ms. Johnson provided an overview. Ms. Johnson indicated that a public hearing was held. Comments were received from one group. The Iowa Association of Nurse Anesthetists are supportive of the proposals; however, they would propose adding the requirement for capnography whenever nitrous oxide is used, and that ACLS be required for all dentists and auxiliary involved in the delivery and monitoring of nitrous oxide.

Dr. Roth stated that capnography does not really address the issue of airway management. That proposal does not seem particularly necessary. Dr. Roth does not believe that ACLS is necessary

for the administration of nitrous oxide. Ms. Johnson reported that she had spoken to Dr. Vargas about this, and her comments were similar.

The committee was in agreement that those additional proposals are not necessary for inclusion of these changes. Ms. Johnson stated that she would forward the comments to the Anesthesia Credentials Committee members for further review.

- *Committee Vacancy*

Ms. Johnson reported that Dr. Curry resigned from the committee. Mr. McCollum indicated that he spoke with Dr. Frank. Dr. Frank is willing to serve on the committee.

The committee was in agreement with the recommendations to appoint Dr. Frank to the committee.

## **V. OPPORTUNITY FOR PUBLIC COMMENT**

No public comments were received.

Dr. Horton inquired about the peer evaluations for moderate sedation permit holders. Ms. Braness and Mr. McCollum provided some information in response. Mr. McCollum recommended that a meeting be scheduled in person to address some of these concerns.

## **VI. ADJOURN**

- ❖ MOVED by WESTLUND, SECONDED by ROTH, to adjourn. Motion APPROVED unanimously.

The Anesthesia Credentials Committee adjourned its meeting at 12:35 p.m.

## **NEXT MEETING OF THE COMMITTEE**

The next meeting of the Anesthesia Credentials Committee is scheduled for January 2014\*. The meeting will be held at the Board offices and by teleconference.

\*To date, quorums have not yet been established for 2014. These meeting dates will be posted to the website when they are set.

These minutes are respectfully submitted by Christel Braness, Program Planner 2, Iowa Dental Board.



IOWA DENTAL BOARD  
 400 S.W. 8<sup>th</sup> Street, Suite D, Des Moines, Iowa 50309-4687  
 Phone (515) 281-5157 Fax (515) 281-7969  
<http://www.dentalboard.iowa.gov>

RECEIVED

JAN 06 2014

IOWA DENTAL BOARD

## APPLICATION FOR MODERATE SEDATION PERMIT

SECTION 1 – APPLICANT INFORMATION				
<b>Instructions</b> – Please read the accompanying instructions prior to completing this form. Answer each question. If not applicable, mark "N/A."				
Full Legal Name: (Last, First, Middle, Suffix) <b>HAGARTY, BRADLEY, TYLER, DDS.</b>				
Other Names Used: (e.g. Maiden) <b>N/A</b>	Home E-mail: <b>Bradley.Hagarty@msn.com</b>	Work E-mail: <b>colfaxdental@networkiowa.com</b>		
Home Address: <b>3749 Hwy 117 South</b>	City: <b>Colfax</b>	State: <b>IA</b>	Zip: <b>50054</b>	Home Phone: <b>515-238-5240</b>
License Number: <b>IA 7739</b>	Issue Date: <b>9-1-2012</b>	Expiration Date: <b>8-31-2014</b>	Type of Practice: <b>GENERAL DENTISTRY</b>	
SECTION 2 – LOCATION(S) IN IOWA WHERE MODERATE SEDATION SERVICES ARE PROVIDED				
Principal Office Address: <b>PO Box 155 475 N WALNUT COLFAX</b>	City: <b>COLFAX</b>	Zip: <b>50054</b>	Phone: <b>515-674-4466</b>	Office Hours/Days: <b>M-F 8-5</b>
Other Office Address: <b>N/A</b>	City: <b>N/A</b>	Zip: <b>N/A</b>	Phone: <b>N/A</b>	Office Hours/Days: <b>N/A</b>
Other Office Address: <b>N/A</b>	City: <b>N/A</b>	Zip: <b>N/A</b>	Phone: <b>N/A</b>	Office Hours/Days: <b>N/A</b>
Other Office Address: <b>N/A</b>	City: <b>N/A</b>	Zip: <b>N/A</b>	Phone: <b>N/A</b>	Office Hours/Days: <b>N/A</b>
Other Office Address: <b>N/A</b>	City: <b>N/A</b>	Zip: <b>N/A</b>	Phone: <b>N/A</b>	Office Hours/Days: <b>N/A</b>
SECTION 3 – BASIS FOR APPLICATION				
Check each box to indicate the type of training you have completed.		Check if completed.	DATE(S):	
Moderate Sedation Training Program that meets ADA Guidelines for Teaching Pain Control and Sedation to Dentists of at least 60 hours and 20 patient experiences		<input checked="" type="checkbox"/> Completed	<b>12-8-13 → 12-14-13</b>	
ADA-accredited Residency Program that includes moderate sedation training		<input type="checkbox"/> Completed	<b>N/A</b>	
You must have training in moderate sedation AND one of the following: <b>Formal training in airway management; OR</b>		<input checked="" type="checkbox"/> Completed	<b>12/8/13 → 12/14/13</b>	
<b>Moderate sedation experience at graduate level, approved by the Board</b>		<input type="checkbox"/> Completed	<b>N/A</b>	
SECTION 4 – ADVANCED CARDIAC LIFE SUPPORT (ACLS) CERTIFICATION				
Name of Course: <b>ACLS Certification</b>		Location: <b>online (www.acls.us)</b>		
Date of Course: <b>12/28/2013</b>		Date Certification Expires: <b>12/28/2015</b>		
Office Use	Lic. #	Sent to ACC:	Inspection	Fee
	Permit #	Approved by ACC:	Inspection Fee Pd:	ACLS
	Issue Date:	Temp #	ASA 3/4?	Form A/B
	Brd Approved:	T. Issue Date:	Pediatric?	Peer Eval

**\$500.00**  
**12200** \$  
**1/7/14**

Name of Applicant BRADLEY HAGARTY

**SECTION 5 - MODERATE SEDATION TRAINING INFORMATION**

Type of Program:  
 Postgraduate Residency Program  Continuing Education Program  Other Board-approved program, specify:

Name of Training Program: CONSCIOUS Patient Management With IV Nitrous Address: 3332 Rochambeau Ave City: BRONX State: NY 10467

Type of Experience: Sedation in General Dentistry  
Formal moderate Sedation continuing education PROGRAM.

Length of Training: 12-8-13 → 12-14-13 7 days Date(s) Completed: 12-14-2013

Number of Patient Contact Hours: 40 Total Number of Supervised Sedation Cases: 24

- YES  NO 1. Did you satisfactorily complete the above training program?
- YES  NO 2. Does the program include at least sixty (60) hours of didactic training in pain and anxiety?
- YES  NO 3. Does the program include management of at least 20 clinical patients?  
 As part of the curriculum, are the following concepts and procedures taught:
- YES  NO 4. Physical evaluation;
- YES  NO 5. IV sedation;
- YES  NO 6. Airway management;
- YES  NO 7. Monitoring; and
- YES  NO 8. Basic life support and emergency management.
- YES  NO 9. Does the program include clinical experience in managing compromised airways?
- YES  NO 10. Does the program provide training or experience in managing moderate sedation in pediatric patients?
- YES  NO 11. Does the program provide training or experience in managing moderate sedation in ASA category 3 or 4 patients?

Please attach the appropriate form to verify your moderate sedation training. Applicants who received their training in a postgraduate residency program must have their postgraduate program director complete Form A. In addition, attach a copy of your certificate of completion of the postgraduate program. Applicants who received their training in a formal moderate sedation continuing education program must have the program director complete Form B.

**SECTION 6 - MODERATE SEDATION EXPERIENCE**

- YES  NO A. Do you have a license, permit, or registration to perform moderate sedation in any other state?  
 If yes, specify state(s) and permit number(s): \_\_\_\_\_
- YES  NO B. Do you consider yourself engaged in the use of moderate sedation in your professional practice?
- YES  NO C. Have you ever had any patient mortality or other incident that resulted in the temporary or permanent physical or mental injury requiring hospitalization of the patient during, or as a result of, your use of anti-anxiety premedication, nitrous oxide inhalation analgesia, moderate sedation or deep sedation/general anesthesia?
- YES  NO D. Do you plan to use moderate sedation in pediatric patients?
- YES  NO E. Do you plan to use moderate sedation in medically compromised (ASA category 3 or 4) patients?
- YES  NO F. Do you plan to engage in enteral moderate sedation?
- YES  NO G. Do you plan to engage in parenteral moderate sedation?

What major drugs and anesthetic techniques do you utilize or plan to utilize in your use of moderate sedation? Provide details (IV, inhalation, etc.) and attach a separate sheet if necessary.

Midazolam as a single sedative agent. THE MIDAZOLAM WILL BE ADMINISTERED VIA USE OF AN IV CATHETER.

Name of Applicant

BRADLEY HAGARTY

Facility Address

PO Box 155  
475 N. Walnut Colfax Ia

800824

## SECTION 7 - AUXILIARY PERSONNEL

A dentist administering moderate sedation in Iowa must document and ensure that all auxiliary personnel have certification in basic life support (BLS) and are capable of administering basic life support. Please list below the name(s), license/registration number, and BLS certification status of all auxiliary personnel.

Name:	License/ Registration #:	BLS Certification Date:	Date BLS Certification Expires:
Brenna Bensley	QDA-11275	11/1/2012	11/1/2014
Missy Veasman	QDA <del>QDA</del> 08393	8/15/2012	8/15/2014
Kali Umble	QDA-11989	8/2012	8/2014
Name:	License/ Registration #:	BLS Certification Date:	Date BLS Certification Expires:
Name:	License/ Registration #:	BLS Certification Date:	Date BLS Certification Expires:
Name:	License/ Registration #:	BLS Certification Date:	Date BLS Certification Expires:
Name:	License/ Registration #:	BLS Certification Date:	Date BLS Certification Expires:

## SECTION 8 - FACILITIES &amp; EQUIPMENT

Each facility in which you perform moderate sedation must be properly equipped. Copy this page and complete for each facility. You may apply for a waiver of any of these provisions. The Board may grant the waiver if it determines there is a reasonable basis for the waiver.

YES	NO	Is your dental office properly maintained and equipped with the following:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. An operating room large enough to adequately accommodate the patient on a table or in an operating chair and permit an operating team consisting of at least two individuals to move freely about the patient?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. An operating table or chair that permits the patient to be positioned so the operating team can maintain the airway, quickly alter the patient position in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. A lighting system that is adequate to permit evaluation of the patient's skin and mucosal color and a backup lighting system that is battery powered and of sufficient intensity to permit completion of any operation underway at the time of general power failure?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Suction equipment that permits aspiration of the oral and pharyngeal cavities and a backup suction device?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of delivering oxygen to the patient under positive pressure, together with an adequate backup system?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. A recovery area that has available oxygen, adequate lighting, suction, and electrical outlets? (The recovery area can be the operating room.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Is the patient able to be observed by a member of the staff at all times during the recovery period?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Anesthesia or analgesia systems coded to prevent accidental administration of the wrong gas and equipped with a fail safe mechanism?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. EKG monitor?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Laryngoscope and blades?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Endotracheal tubes?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Magill forceps?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. Oral airways?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. Stethoscope?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. A blood pressure monitoring device?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16. A pulse oximeter?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Emergency drugs that are not expired?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. A defibrillator (an automated defibrillator is recommended)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	19. Do you employ volatile liquid anesthetics and a vaporizer (i.e. Halothane, Enflurane, Isoflurane)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	20. In the space provided, list the number of nitrous oxide inhalation analgesia units in your facility.

COPY FORM AND SUBMIT FOR EACH FACILITY.

**SECTION 9 – If you answer Yes to any of the questions below, attach a full explanation. Read the instructions for important definitions.**

	YES	NO
1. Do you currently have a medical condition that in any way impairs or limits your ability to practice dentistry with reasonable skill and safety?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Are you currently engaged in the illegal or improper use of drugs or other chemical substances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Do you currently use alcohol, drugs, or other chemical substances that would in any way impair or limit your ability to practice dentistry with reasonable skill and safety?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. If YES to any of the above, are you receiving ongoing treatment or participation in a monitoring program that reduces or eliminates the limitations or impairments caused by either your medical condition or use of alcohol, drugs, or other chemical substances?	<input type="checkbox"/>	<input checked="" type="checkbox"/> N/A
5. Have you ever been requested to repeat a portion of any professional training program/school?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Have you ever received a warning, reprimand, or been placed on probation during a professional training program/school?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Have you ever voluntarily surrendered a license or permit issued to you by any professional licensing agency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7a. If yes, was a license disciplinary action pending against you, or were you under investigation by a licensing agency at that time the voluntary surrender of license was tendered?	<input type="checkbox"/>	<input checked="" type="checkbox"/> N/A
8. Aside from ordinary initial requirements of proctorship, have your clinical activities ever been limited, suspended, revoked, not renewed, voluntarily relinquished, or subject to other disciplinary or probationary conditions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Has any jurisdiction of the United States or other nation ever limited, restricted, warned, censured, <u>placed on probation</u> , suspended, or revoked a license or permit you held? <i>by IOWA DENTAL BOARD</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been notified of any charges filed against you by a licensing or disciplinary agency of any jurisdiction of the U.S. or other nation? <i>IOWA DENTAL BOARD</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Have you ever been denied a Drug Enforcement Administration (DEA) or state controlled substance registration certificate or has your controlled substance registration ever been placed on probation, suspended, voluntarily surrendered or revoked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**SECTION 10 – AFFIDAVIT OF APPLICANT**

STATE: IOWA COUNTY: JASPER

I, the below named applicant, hereby declare under penalty of perjury that I am the person described and identified in this application and that my answers and all statements made by me on this application and accompanying attachments are true and correct. Should I furnish any false information, or have substantial omission, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my license or permit to provide moderate sedation. I also declare that if I did not personally complete the foregoing application that I have fully read and confirmed each question and accompanying answer, and take full responsibility for all answers contained in this application.

I understand that I have no legal authority to administer moderate sedation until a permit has been granted. I understand that my facility is subject to an on-site evaluation prior to the issuance of a permit and by submitting an application for a moderate sedation permit, I hereby consent to such an evaluation. In addition, I understand that I may be subject to a professional evaluation as part of the application process. The professional evaluation shall be conducted by the Anesthesia Credentials Committee and include, at a minimum, evaluation of my knowledge of case management and airway management.

I certify that I am trained and capable of administering Advanced Cardiac Life Support and that I employ sufficient auxiliary personnel to assist in monitoring a patient under moderate sedation. Such personnel are trained in and capable of monitoring vital signs, assisting in emergency procedures, and administering basic life support. I understand that a dentist performing a procedure for which moderate sedation is being employed shall not administer the pharmacologic agents and monitor the patient without the presence and assistance of at least one qualified auxiliary personnel.

I am aware that pursuant to Iowa Administrative Code 650—29.9(153) I must report any adverse occurrences related to the use of sedation. I also understand that if moderate sedation results in a general anesthetic state, the rules for deep sedation/general anesthesia apply.

I hereby authorize the release of any and all information and records the Board shall deem pertinent to the evaluation of this application, and shall supply to the Board such records and information as requested for evaluation of my qualifications for a permit to administer moderate sedation in the state of Iowa.

I understand that based on evaluation of credentials, facilities, equipment, personnel, and procedures, the Board may place restrictions on the permit.

I further state that I have read the rules related to the use of sedation and nitrous oxide inhalation analgesia, as described in 650 Iowa Administrative Code Chapter 29. I hereby agree to abide by the laws and rules pertaining to the practice of dentistry and moderate sedation in the state of Iowa.

MUST BE SIGNED IN PRESENCE OF NOTARY ▶	SIGNATURE OF APPLICANT <i>[Signature]</i> DDS		
	NOTARY SEAL	SUBSCRIBED AND SWORN BEFORE ME, THIS	DAY OF _____, YEAR
	NOTARY PUBLIC SIGNATURE <i>[Signature]</i>		3 January 2014
	NOTARY PUBLIC NAME (TYPED OR PRINTED) Sherri Orlich		MY COMMISSION EXPIRES: 7-26-14



**IOWA DENTAL BOARD**  
 400 S.W. 8<sup>th</sup> Street, Suite D, Des Moines, Iowa 50309-4687  
 Phone (515) 281-5157 Fax (515) 281-7969  
<http://www.dentalboard.iowa.gov>

PLEASE TYPE OR PRINT LEGIBLY IN INK.

**FORM B: VERIFICATION OF MODERATE SEDATION TRAINING  
 IN A CONTINUING EDUCATION PROGRAM**

**SECTION 1 - APPLICANT INFORMATION**

Instructions - Use this form if you obtained your training in moderate sedation from another program that must be approved by the Board (i.e. you did NOT obtain your training in moderate sedation while in a postgraduate residency program). Complete Section 1 and mail this form to the Program Director for verification of your having successfully completed this training.

NAME (First, Middle, Last, Suffix, Former/Maiden):

**BRADLEY TYLER HAGARTY, DDS**

MAILING ADDRESS:

**PO Box 155**

CITY:

**COLFAX**

STATE:

**IOWA**

ZIP CODE:

**50054**

PHONE:

**515-674-4466**

To obtain a permit to administer moderate sedation in Iowa, the Iowa Dental Board requires that the applicant submit evidence of having completed an approved postgraduate training program or other formal training program approved by the Board. The applicant's signature below authorizes the release of any information, favorable or otherwise, directly to the Iowa Dental Board at the address above.

APPLICANT'S SIGNATURE:

*[Handwritten Signature]*

DATE:

**14 Dec 2013**

**SECTION 2 - TO BE COMPLETED BY TRAINING PROGRAM DIRECTOR**

NAME OF PROGRAM DIRECTOR:

**Richard A. Kraut**

NAME AND LOCATION OF PROGRAM:

**Montefiore Medical Center/Dept of Dentistry  
111 E. 210th St  
Bronx, NY 10467**

PHONE:

**718 920-4984**

FAX: **718 515 5419**

E-MAIL: **YKraut@montefiore.org**

WEB ADDRESS:

DATES APPLICANT PARTICIPATED IN PROGRAM ▶

FROM (MO/DAY/YR):

**12/08/13**

TO (MO/DAY/YR):

**12/14/13**

DATE PROGRAM COMPLETED:

**12/14/13**

- YES  NO 1. DID THE APPLICANT SATISFACTORILY COMPLETE THE ABOVE TRAINING PROGRAM?
  - YES  NO 2. DOES THE PROGRAM COMPLY WITH THE AMERICAN DENTAL ASSOCIATION GUIDELINES FOR TEACHING PAIN CONTROL AND SEDATION TO DENTISTS OR DENTAL STUDENTS?
  - YES  NO 3. DOES THE PROGRAM INCLUDE AT LEAST SIXTY (60) HOURS OF DIDACTIC TRAINING IN PAIN AND ANXIETY?
  - YES  NO 4. DOES THE PROGRAM INCLUDE CLINICAL EXPERIENCE FOR PARTICIPANTS TO SUCCESSFULLY MANAGE MODERATE SEDATION IN AT LEAST TWENTY (20) PATIENTS?
- AS PART OF THE CURRICULUM, ARE THE FOLLOWING CONCEPTS AND PROCEDURES TAUGHT:
- YES  NO 5. PHYSICAL EVALUATION;
  - YES  NO 6. IV SEDATION;
  - YES  NO 7. AIRWAY MANAGEMENT;
  - YES  NO 8. MONITORING; AND
  - YES  NO 9. BASIC LIFE SUPPORT AND EMERGENCY MANAGEMENT.

*(If no to any of above, please attach a detailed explanation.)*

I further certify that the above named applicant has demonstrated competency in airway management and moderate sedation.

PROGRAM DIRECTOR SIGNATURE:

*[Handwritten Signature]*

DATE:

**1/07/14**

# Fax Cover Sheet

Prairie City Dental Services  
PO Box 40  
Prairie City IA 50228  
515-994-2210 - office  
515-994-2278 - fax

Date 14 January 2014  
Pages 2  
Attn Crystal  
Fax my# 515-994-2278  
From Bradley Hagarty  
Phone 515-994-2210

Note: FORM B for Dr. Brad Hagarty's  
moderate sedation application.

If you do not receive all of the pages, or if they are difficult to read,  
please notify us.

Thank you.

#### Commentary section 4. ACLS

In addition to the online ACLS course, I completed the Aresoft ACLS clinical simulations as part of the IV rehydration course offered at Montefiore. I have attended a conventional ACLS course and have been certified in previous years. I was previously certified at Mercy Hospital College of EMS in Des Moines Iowa. B. My MS  
The previous certification was 3/2006.

Commentary section 9. These sanctions were imposed at Calfax Dental Clinic in Calfax, Iowa 475 N. Walnut St 50054

Question 9.

My Dental license was placed on probation for infection control violations (failure to monitor a new Statim Autoclave) and failure to have an office policy manual. The probation was imposed by the Iowa Dental Board. The probation was in 4/2009. B. My MS

Question 10.

see above answer. B. My MS

changes were filed in the above matter. Probation & fine were imposed. B. My MS

**ADVANCED CARDIAC LIFE SUPPORT**

ACLS  
Provider



National  
ACLS Testing  
Center™

**Bradley Hagarty**

This card certifies that the person listed above has successfully completed the Advanced Cardiac Life Support examination and skills scenarios review based on the latest American Heart Association and ECC guidelines.

**12/28/2013**

**12/28/2015**

Issue Date

Renewal Date

## ADVANCED CARDIAC LIFE SUPPORT

Training Center: National ACLS Testing Center      Training Center #: 40455

Region: Colfax, IA 50054      Provider #: 0846248430

Instructor: Eileen Johnson, RN      Instructor #: 01201746832

Instructor's Signature: *Eileen Johnson*

Provider's Signature: *[Handwritten Signature]*



## Certificate of Course Completion

This is to certify that

**Bradley Hagarty**

Has completed the course

**ACLS Certification**

On this 28th day of December, 2013

Administered by the National ACLS Testing Center

[www.acls.us](http://www.acls.us)

**Bradley Hagarty**

Is awarded eight (8) CEH Advanced Credits for completing this course by the

**National Board for Emergency Continuing Medical Education**

Virginia Commonwealth University  
Department of Anesthesiology  
1250 East Marshall Street  
Richmond, VA 23298

The person who is listed on this certificate has completed the cognitive examination administered by the National ACLS Testing Center which is based on the latest AHA and ECC guidelines. This ACLS Certification Course is approved to provide Continuing Education Credit by the National Board for Emergency Continuing Medical Education. The Board awards eight (8) CEH Advanced Credits for the completion of the ACLS Certification course administered by the National ACLS Testing Center.

Handwritten signature of Melissa Milan in black ink.

Melissa Milan, M.D., M.S.  
Licensed Physician

Handwritten signature of Jaimison Baker in black ink.

Jaimison Baker, M.D.  
Licensed Physician  
Board-eligible Anesthesiologist



Dear Anesoft Customer,

Thank you for purchasing the Anesoft ACLS Simulator 2012 package – single license. We hope you enjoy the simulated cases – all 100% consistent with AHA 2010 guidelines. This version of the software runs in your browser and utilizes Microsoft Silverlight. The package includes two programs – Rhythm Simulator to review ECG rhythm recognition and ACLS Simulator to practice megacode management.

Single License Installation Instructions for Windows:

1. If you are installing from a CD, start My Computer, you can copy the entire ACLS Sim 2012 folder to your desktop.
2. If you are installing from the download, SAVE the download file acls2012.zip to your desktop.
3. Close all applications then right-click the acls2012.zip icon on your desktop. Under the Zip options select 'Extract to folder \Desktop\acls2012'.
4. Open the acls2012 folder and double-click the file AnesoftRhythm.html to launch the Rhythm Simulator in your default browser.
5. Double-click the file AnesoftACLS.html to launch the ACLS Simulator 2012 in your default browser.

Single License Instructions for Macintosh:

1. If you are installing from a CD, browse to the file acls2012.zip on the CD-ROM, and copy it to your desktop.
2. If you are installing from the download, SAVE the download file acls2012.zip to your desktop.
3. Double-click the acls2012.zip icon on your desktop to launch your Zip utility.
4. Unzip the files and folders to destination folder 'acls2012'.
5. Open the acls2012 folder and double-click the 'AnesoftRhythm.html' icon to launch your browser and start Rhythm Simulator 8.
6. Double-click the 'AnesoftACLS.html' icon to launch your browser and start ACLS Simulator 2012.

The best way to learn to use the ACLS Simulator is to run Case 1 which includes very detailed instructions, one step at a time to resuscitate the first patient. Select Case Help > What Now? repeatedly during the simulation. The help will walk you through the entire resuscitation.

Please email us at [jill@anesoft.com](mailto:jill@anesoft.com) if you need further assistance.

Best regards,  
Jill, Anesoft Customer Service

18606 NW Cervinia Ct • Issaquah, Washington 98027 USA

**Toll Free** 1-877-287-0188 (US Only) • **Phone** 425-643-9388 • **Fax** 425-643-0092 • **eMail** [info@anesoft.com](mailto:info@anesoft.com)

**Web Site** [www.anesoft.com](http://www.anesoft.com)



Dear Anesoft Customer,

Thank you for purchasing Anesoft Sedation Simulator 4 – Single license. We hope you enjoy the simulated cases. This version of the software runs in your browser and utilizes Microsoft Silverlight.

Single License Installation Instructions for Windows and Macintosh:

1. If you are installing from a CD, start My Computer, you can copy the entire Sedation Sim 4 folder to your desktop.
2. If you are installing from the download, SAVE the download file SedSim4.zip to your desktop.
3. Close all applications, including your browser.
4. For Windows, right-click the SedSim4.zip icon on your desktop. Under the Zip options select 'Extract to folder \Desktop\ SedSim4'.  
For Macintosh, double-click the SedSim4.zip file to unzip.  
If you do not have an unzip utility available on your computer open your browser to [www.winzip.com](http://www.winzip.com) and click on the 'Download WinZip' button.
5. Open the SedSim4 folder and double-click the file AnesoftSedSim.html to launch the Sedation Simulator 4 in your default browser.
6. You should be able to use any major browser. The first time you use Sedation Simulator, you may be asked to download Microsoft Silverlight. If so, follow the link to download and install Silverlight, then exit your browser and restart the application.
7. If you wish you can create a shortcut to AnesoftSedSim.html with the icon sedsim4.ico.

The best way to learn to use the Sedation Simulator is to run Case 1 for your particular specialty. The first case includes very detailed instructions, one step at a time to manage the patient. Select Case Help > What Now? repeatedly during the simulation. The help will walk you through the entire case.

This program was planned and produced in accordance with ACCME essentials. You can earn AMA PRA Category 2 credits with Sedation Simulator 4. Each physician should claim only those hours that he/she actually spent in the educational activity. Typically up to 48 credits are claimed for this activity (one half credit per case). Please email a request to [jill@anesoft.com](mailto:jill@anesoft.com) if you would like us to send you a CME certificate.

Please email us at [jill@anesoft.com](mailto:jill@anesoft.com) if you need further assistance.

Best regards,  
Jill, Anesoft Customer Service

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Web Site [www.anesoft.com](http://www.anesoft.com)



Anesoft  
Sedation Simulator 4  
ACLS Simulator 2012

TDK  
Life on Record

CD-R  
RECORDABLE  
52X 700MB

**Albert Einstein College of Medicine**

certifies that

**Bradley Hagarty, DDS**

HAS PARTICIPATED IN THE  
LIVE ACTIVITY TITLED

***Conscious Patient Management with IV & Nitrous Sedation  
in General Dentistry***

*The New York State Education Department has approved Montefiore Medical Center  
as a sponsor of continuing professional education for dentists*

*December 08 - 14, 2013*

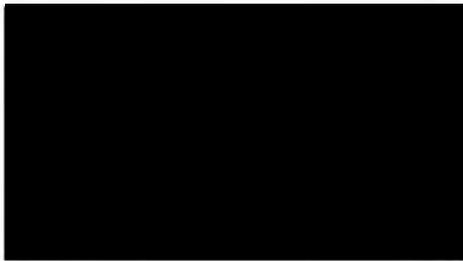
*90.0 Hours of Instruction*



Victor B. Hatcher, Ph.D.,  
Associate Dean

# Montefiore

## DENTAL DEPARTMENT IV COURSE SEDATION RECORD



DATE: 9 Dec 2013 ROOM #: \_\_\_\_\_ Patient Information/Label

Pre-Procedure Vitals: B/P 126/79 Pulse: 63 Resp: 22 SaO<sub>2</sub>: 98 Weight: 200

Medical Hx: Healthy ASA 1 no joint or heart concerns

Meds: NO meds NKDA Allergies: NKDA

P/E:  A&Ox3  Lungs: CTA  CV: NSR Last Oral Intake:  4-6 hrs  6-8 hrs (3:00am)

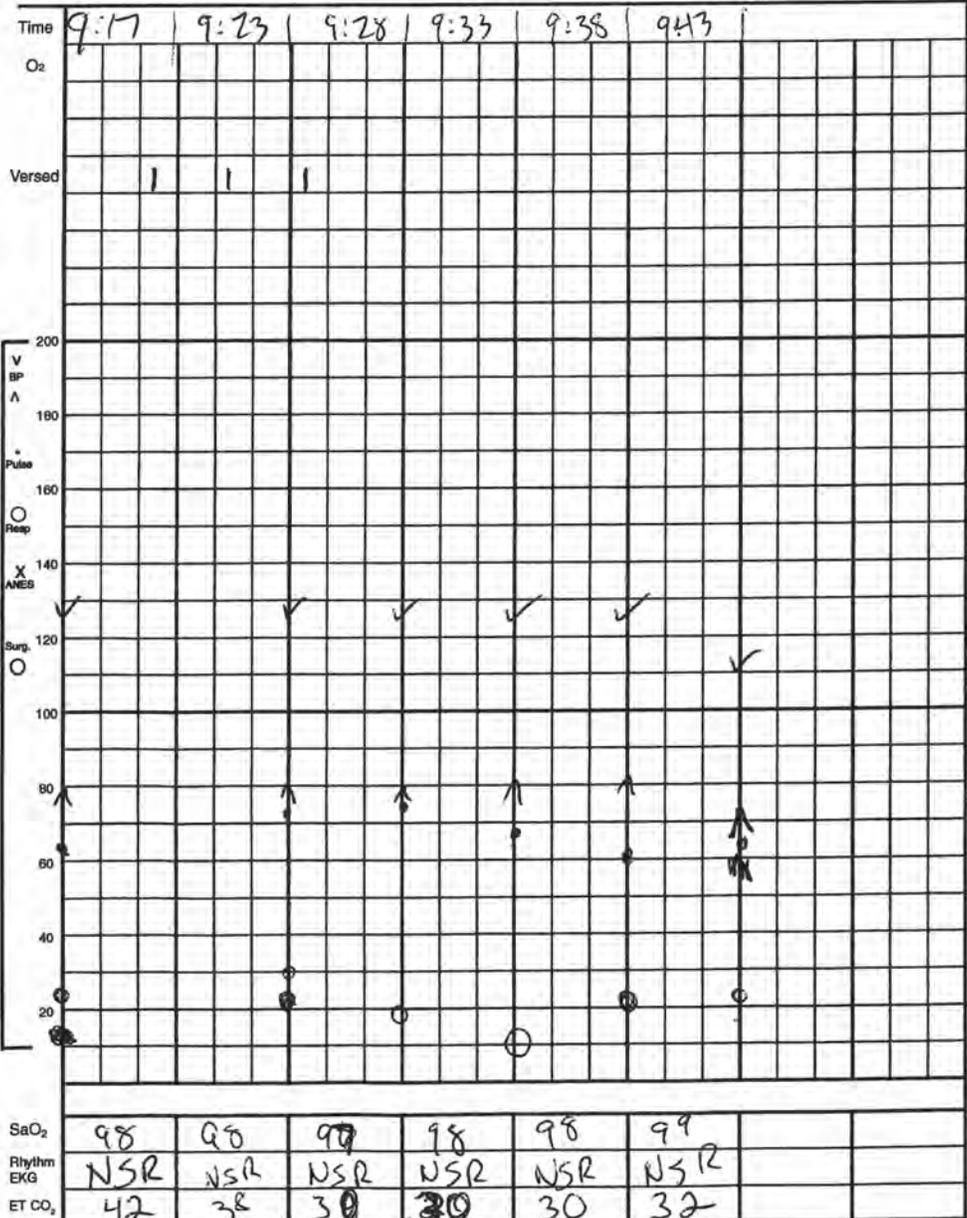
ASA:  I  II  III  IV  V  Consent Obtained  O<sub>2</sub>, Suction, Ambu/Bag, Code Cart, Antagonist Medication at chairside

Monitors: Pulse Oximetry  NIBP  ECG  Capnograph

Access: IV Size  20  22  24 Site:  R  L  Hand  Arm  A.C.F.

Agent:  O<sub>2</sub> (0%)  N<sub>2</sub>O (%)  Nasal Hood  Nasal Cannula

Vital signs must be taken every 5 minutes



TOTAL AGENTS  
VERSED \_\_\_\_\_ MG 33

FLUIDS TOTAL IN  
NS 200 ML 200

DW5 \_\_\_\_\_ ML

Pre Op Meds  
DECADRON \_\_\_\_\_ MG  
CLINDAMYCIN \_\_\_\_\_ MG

Post Op Meds:  
TORADOL \_\_\_\_\_ MG

Procedure Performed:  
Prophylaxis

Bradley Hagarty B, MD  
ANESTHESIOLOGIST/ DENTIST PRINT NAME,  
ANESTHESIOLOGIST SIGNATURE/CREDENTIALS, DATE/TIME

John M. Strickland  
OPERATOR DENTIST PRINT NAME,  
OPERATOR SIGNATURE/CREDENTIALS, DATE/TIME

**MONTEFIORE  
DENTAL DEPARTMENT IV COURSE SEDATION RECORD**

Patient Name: \_\_\_\_\_

MR #: \_\_\_\_\_

**POST PROCEDURE**

TIME	BP	P	R	SpO <sub>2</sub>	PAIN SCALE	ECG RHYTHM	DDS/RN SIGNATURE
9:45	120/80	64	16	99%	0/10	SK	[Signature]

**NURSE'S NOTE**

A to x3. Tolerated treatment well, no bleeding. Reperated from sedation well. Post procedure instructions given. Patient discharge home as per Dr. Krane

**ALDRETE SCORE**

Activity	PRE SCORE	POST SCORE
Able to move 4 extremities	2	2
Able to move 2 extremities	1	1
Able to move 0 extremities	0	0
<b>Respiration</b>		
Able to breathe deeply and cough freely	2	2
Dyspnea or limited breathing	1	1
Apneic	0	0
<b>Circulation</b>		
BP ± 20% of preanesthetic level	2	2
BP ± 20-50% of preanesthetic level	1	1
BP ± 50% of preanesthesia level	0	0
<b>Consciousness</b>		
Fully awake	2	2
Arousable on calling	1	1
Not responding	0	0
<b>Oxygenation</b>		
Able to maintain O <sub>2</sub> sat > 92% on room air	2	2
Needs supplemental O <sub>2</sub> to maintain sat > 90%	1	1
O <sub>2</sub> sat < 90%, even with supplemental O <sub>2</sub>	0	0
<b>TOTAL</b>	10	10

Initials: [Signature]      [Signature]

SCORE MUST BE AT LEAST 8-10 (or return to Baseline) FOR PATIENT'S RELEASE FROM THE PROCEDURE ROOM.

**DISCHARGE CRITERIA & PATIENT EDUCATION**

Vitals      BP: 120/80      HR: 64      RR: 16      O<sub>2</sub> Sat: 99%

Patient is alert, awake and oriented       Yes     No, If no explain \_\_\_\_\_

Minimal/absence of nausea or vomiting       Yes     No, If no explain \_\_\_\_\_

Tolerates PO intake       Yes     No, If no explain \_\_\_\_\_

Pain is well controlled       Yes     No, If no explain \_\_\_\_\_

Able to ambulate       Yes     No, If no explain \_\_\_\_\_

Written D/C instructions sheet and medication list given to patient       Yes     No, If no explain \_\_\_\_\_

Patient able to provide return demonstration or verbalize an understanding       Yes     No, If no explain \_\_\_\_\_

Responsible adult present to escort patient home       Yes     No    Escort's Relationship to Pt: Mother

\_\_\_\_\_  
RN PRINT NAME

\_\_\_\_\_  
SIGNATURE/CREDENTIALS

\_\_\_\_\_  
DATE/TIME

\_\_\_\_\_  
ATTENDING PRINT NAME

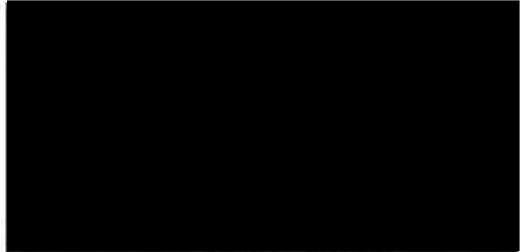
\_\_\_\_\_  
SIGNATURE/CREDENTIALS

\_\_\_\_\_  
DATE/TIME

# Montefiore

## DENTAL DEPARTMENT IV COURSE SEDATION RECORD

DATE: 9 Dec 2013 ROOM #: 4



Patient Information/Label

Pre-Procedure Vitals: B/P 129/66 Pulse: 81 Resp: 23 SaO<sub>2</sub>: 99 Weight: 207

Medical Hx: HTN asthma DVT

Meds: Coumadin, <sup>migrator simvastatin</sup> Ison, Solace, Advair Allergies: Sulfam

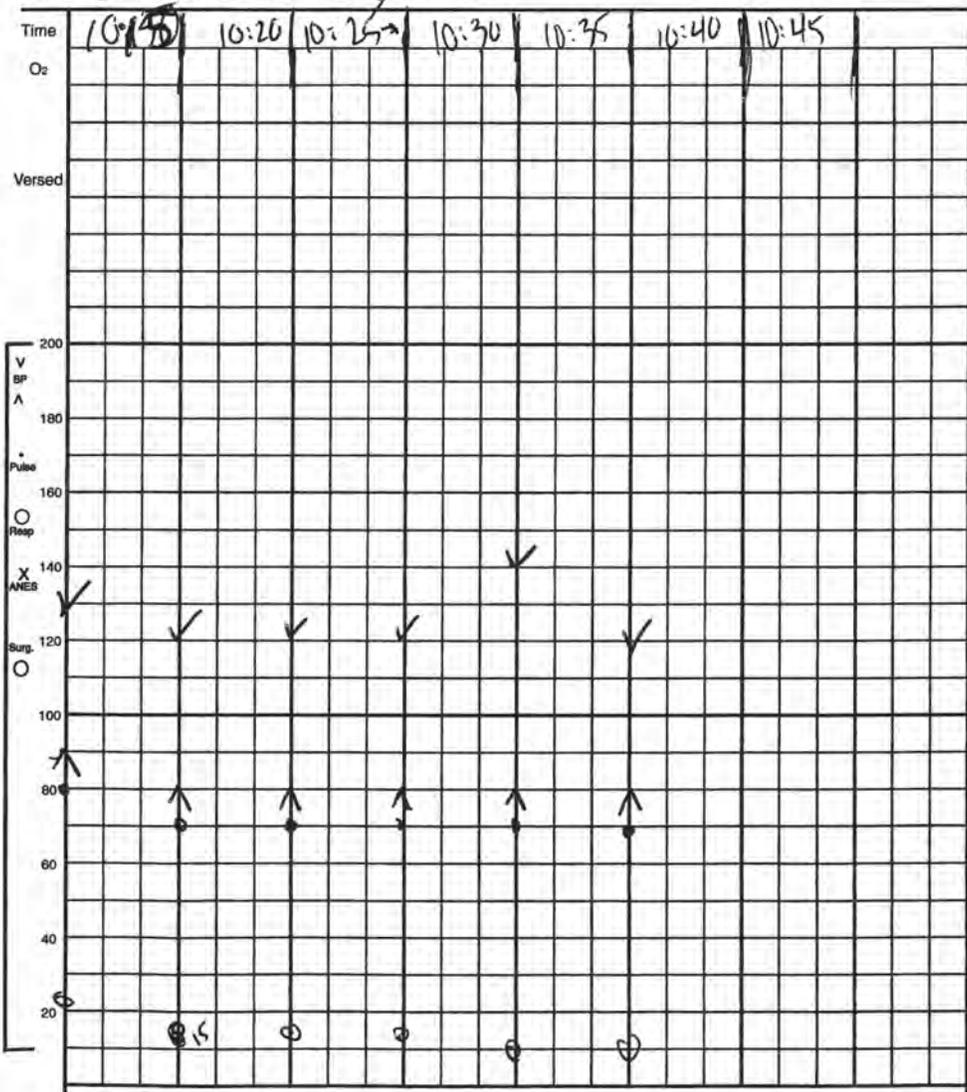
P/E:  A&Ox3  Lungs: CTA  CV: NSR Last Oral Intake:  4-6 hrs  6-8 hrs 9:45pm  
 ASA:  I  II  III  IV  V  Consent Obtained  O<sub>2</sub>, Suction, Ambu/Bag, Code Cart, Antagonist Medication at chairside

Monitors: Pulse Oximetry  NIBP  ECG  Capnograph

Access: IV Size  20  22  24 Site:  R  L  Hand  Arm  A.C.F.

Agent:  O<sub>2</sub> (100%)  N<sub>2</sub>O ( % )  Nasal Hood  Nasal Cannula (2 @ 3L/min)

Vital signs must be taken every 5 minutes



TOTAL AGENTS  
 VERSED MG 2

FLUIDS TOTAL IN  
 NS 200 ML

DW5 ML

Pre Op Meds  
 DECADRON MG  
 CLINDAMYCIN MG

Post Op Meds:  
 TORADOL MG

Procedure Performed:

B. HAGARTY  
 ANESTHESIOLOGIST DENTIST PRINT NAME,  
 ANESTHESIOLOGIST SIGNATURE/CREDENTIALS, DATE/TIME

J. Williams  
 OPERATOR DENTIST PRINT NAME,  
 OPERATOR SIGNATURE/CREDENTIALS, DATE/TIME

SaO <sub>2</sub>	99	99	99	99	99		
Rhythm	NSR	NSR	NSR	NSR	NSR		
ET CO <sub>2</sub>	27	27	28	30	31		

**MONTEFIORE  
DENTAL DEPARTMENT IV COURSE SEDATION RECORD**

Patient Name: \_\_\_\_\_  
MR #: \_\_\_\_\_

POST PROCEDURE							
TIME	BP	P	R	SpO <sub>2</sub>	PAIN SCALE	ECG RHYTHM	DDS/RN SIGNATURE
10:30	129/72	73	15	94	0	NSR	IS [Signature] DDS

**NURSE'S NOTE**

A to x3, tolerated treatment well. Reperated from sedation well. Post procedure instructions given patient discharge home as per Dr. Kraft

ALDRETE SCORE		
Activity	PRE SCORE	POST SCORE
Able to move 4 extremities	2	2
Able to move 2 extremities	1	1
Able to move 0 extremities	0	0
<b>Respiration</b>		
Able to breathe deeply and cough freely	2	2
Dyspnea or limited breathing	1	1
Apneic	0	0
<b>Circulation</b>		
BP ± 20% of preanesthetic level	2	2
BP ± 20-50% of preanesthetic level	1	1
BP ± 50% of preanesthesia level	0	0
<b>Consciousness</b>		
Fully awake	2	2
Arousable on calling	1	1
Not responding	0	0
<b>Oxygenation</b>		
Able to maintain O <sub>2</sub> sat > 92% on room air	2	2
Needs supplemental O <sub>2</sub> to maintain sat > 90%	1	1
O <sub>2</sub> sat < 90%, even with supplemental O <sub>2</sub>	0	0
<b>TOTAL</b>	10	10

SCORE MUST BE AT LEAST 8-10 (or return to Baseline) FOR PATIENT'S RELEASE FROM THE PROCEDURE ROOM.

**DISCHARGE CRITERIA & PATIENT EDUCATION**

Vitals BP: 129/72 HR: 73 RR: 15 O2 Sat: 99%

Patient is alert, awake and oriented  Yes  No, If no explain \_\_\_\_\_

Minimal/absence of nausea or vomiting  Yes  No, If no explain \_\_\_\_\_

Tolerates PO intake  Yes  No, If no explain \_\_\_\_\_

Pain is well controlled  Yes  No, If no explain \_\_\_\_\_

Able to ambulate  Yes  No, If no explain \_\_\_\_\_

Written D/C instructions sheet and medication list given to patient  Yes  No, If no explain \_\_\_\_\_

Patient able to provide return demonstration or verbalize an understanding  Yes  No, If no explain \_\_\_\_\_

Responsible adult present to escort patient home  Yes  No Escort's Relationship to Pt: \_\_\_\_\_

\_\_\_\_\_  
RN PRINT NAME

\_\_\_\_\_  
SIGNATURE/CREDENTIALS

12/9/17  
\_\_\_\_\_  
DATE/TIME

\_\_\_\_\_  
ATTENDING PRINT NAME

\_\_\_\_\_  
SIGNATURE/CREDENTIALS

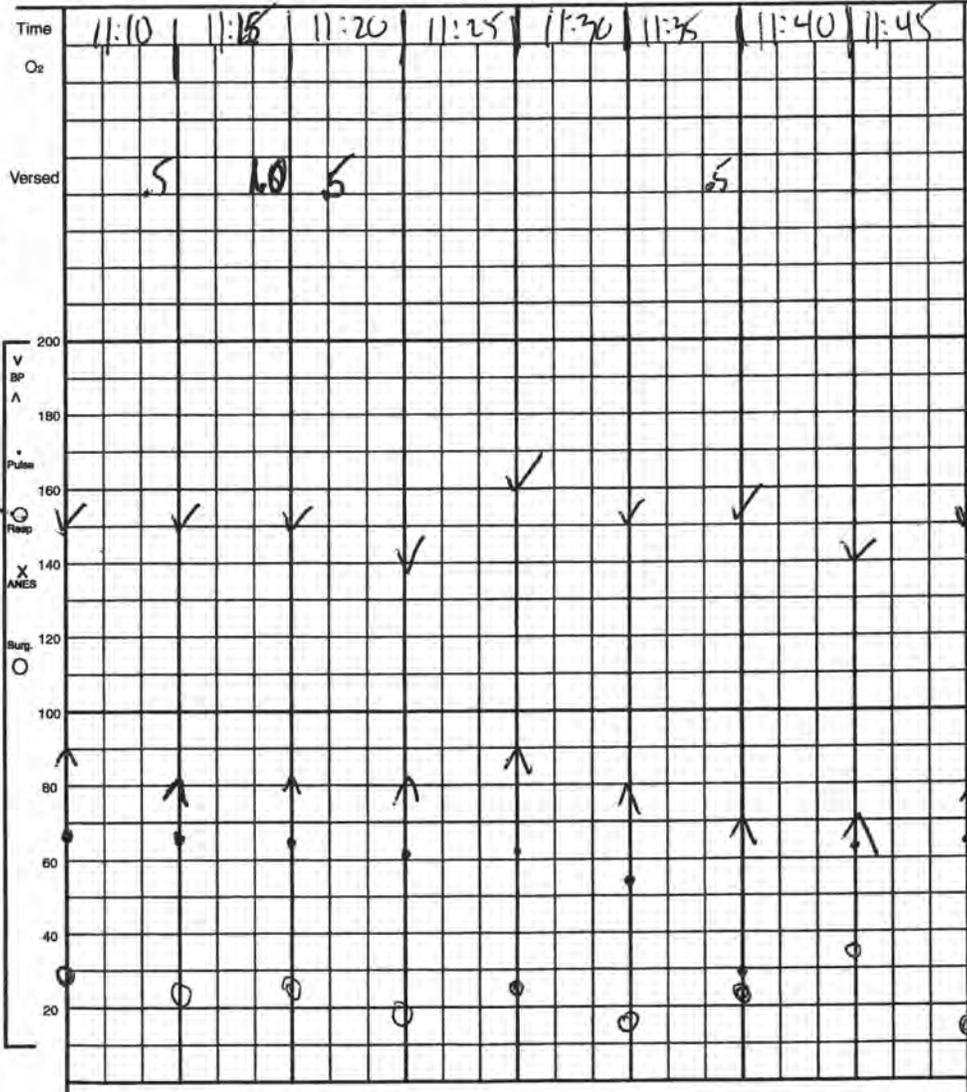
\_\_\_\_\_  
DATE/TIME

# Montefiore

## DENTAL DEPARTMENT IV COURSE SEDATION RECORD

DATE: 9 Dec 2013 ROOM #: 11 Patient Information/Label  
 Pre-Procedure Vitals: B/P 150/86 Pulse: 66 Resp: 28 SaO<sub>2</sub>: 98 Weight: 160  
 Medical Hx: anxiety pill, vitamin

Meds: anxiety pill Allergies: NKA  
 P/E:  A&Ox3  Lungs: CTA  CV: NSR Last Oral Intake:  4-6 hrs  6-8 hrs 10:30pm  
 ASA:  I  II  III  IV  V  Consent Obtained  O<sub>2</sub>, Suction, Ambu/Bag, Code Cart, Antagonist Medication at chairside  
 Monitors: Pulse Oximetry  NIBP  ECG  Capnograph   
 Access: IV Size  20  22  24 Site:  R  L  Hand  Arm  A.C.F.  
 Agent:  O<sub>2</sub> (100%)  N<sub>2</sub>O ( % )  Nasal Hood  Nasal Cannula 3L/min  
 Vital signs must be taken every 5 minutes



TOTAL AGENTS  
 VERSED 2.5 MG

FLUIDS TOTAL IN  
 NS 150 ML

Pre Op Meds  
 DECADRON MG  
 CLINDAMYCIN MG

Post Op Meds:  
 TORADOL MG

Procedure Performed:  
Cleaning of teeth

B. HAGARTY B. M.D.  
 ANESTHESIOLOGIST DENTIST PRINT NAME,  
 ANESTHESIOLOGIST SIGNATURE/CREDENTIALS, DATE/TIME

J. Williams  
 OPERATOR DENTIST PRINT NAME,  
 OPERATOR SIGNATURE/CREDENTIALS, DATE/TIME

SaO <sub>2</sub>	98	99	98	99	99	99	99	99
Rhythm EKG	NSR							
ET CO <sub>2</sub>	36	36	40	37	39	38	43	44

**MONTEFIORE  
DENTAL DEPARTMENT IV COURSE SEDATION RECORD**

Patient Name: \_\_\_\_\_

MR #: \_\_\_\_\_

**POST PROCEDURE**

TIME	BP	P	R	SpO <sub>2</sub>	PAIN SCALE	ECG RHYTHM	DDS/RN SIGNATURE
11:50	127/74	63	30	99	1	NSR	B. N. J. DDS Brad May

**NURSE'S NOTE**

4 x 3. Identical treatment well, no pain, no bleeding. Reperated from sedation well. post procedure instructions given. patient discharged home as per Dr. Krause.

**ALDRETE SCORE**

Activity	PRE SCORE	POST SCORE
Able to move 4 extremities	0	2
Able to move 2 extremities	1	1
Able to move 0 extremities	0	0
<b>Respiration</b>		
Able to breathe deeply and cough freely	2	2
Dyspnea or limited breathing	1	1
Apneic	0	0
<b>Circulation</b>		
BP ± 20% of preanesthetic level	2	2
BP ± 20-50% of preanesthetic level	1	1
BP ± 50% of preanesthesia level	0	0
<b>Consciousness</b>		
Fully awake	2	2
Arousable on calling	1	1
Not responding	0	0
<b>Oxygenation</b>		
Able to maintain O <sub>2</sub> sat > 92% on room air	2	2
Needs supplemental O <sub>2</sub> to maintain sat > 90%	1	1
O <sub>2</sub> sat < 90%, even with supplemental O <sub>2</sub>	0	0
<b>TOTAL</b>	<b>16</b>	<b>16</b>

Initials: BA      Initials: W

SCORE MUST BE AT LEAST 8-10 (or return to Baseline) FOR PATIENT'S RELEASE FROM THE PROCEDURE ROOM.

**DISCHARGE CRITERIA & PATIENT EDUCATION**

Vitals      BP: 127/72      HR: 62      RR: 16      O<sub>2</sub> Sat: 99%

Patient is alert, awake and oriented       Yes     No, If no explain \_\_\_\_\_

Minimal/absence of nausea or vomiting       Yes     No, If no explain \_\_\_\_\_

Tolerates PO intake       Yes     No, If no explain \_\_\_\_\_

Pain is well controlled       Yes     No, If no explain \_\_\_\_\_

Able to ambulate       Yes     No, If no explain \_\_\_\_\_

Written D/C instructions sheet and medication list given to patient       Yes     No, If no explain \_\_\_\_\_

Patient able to provide return demonstration or verbalize an understanding       Yes     No, If no explain \_\_\_\_\_

Responsible adult present to escort patient home       Yes     No    Escort's Relationship to Pt: niece

\_\_\_\_\_  
RN PRINT NAME

\_\_\_\_\_  
SIGNATURE/CREDENTIALS

\_\_\_\_\_  
DATE/TIME

\_\_\_\_\_  
ATTENDING PRINT NAME

\_\_\_\_\_  
SIGNATURE/CREDENTIALS

\_\_\_\_\_  
DATE/TIME

# Montefiore

## DENTAL DEPARTMENT IV COURSE SEDATION RECORD

DATE: 9 Dec 2013 ROOM #: 11 Patient Information/Label

Pre-Procedure Vitals: B/P 105 Pulse: 65 Resp: 10 SaO<sub>2</sub>: 99 Weight: 155

Medical Hx: Healthy, no concerns

Meds: NO Allergies: NKA

P/E:  A&Ox3  Lungs: CTA  CV: NSR Last Oral Intake:  4-6 hrs  6-8 hrs 7:30 pm

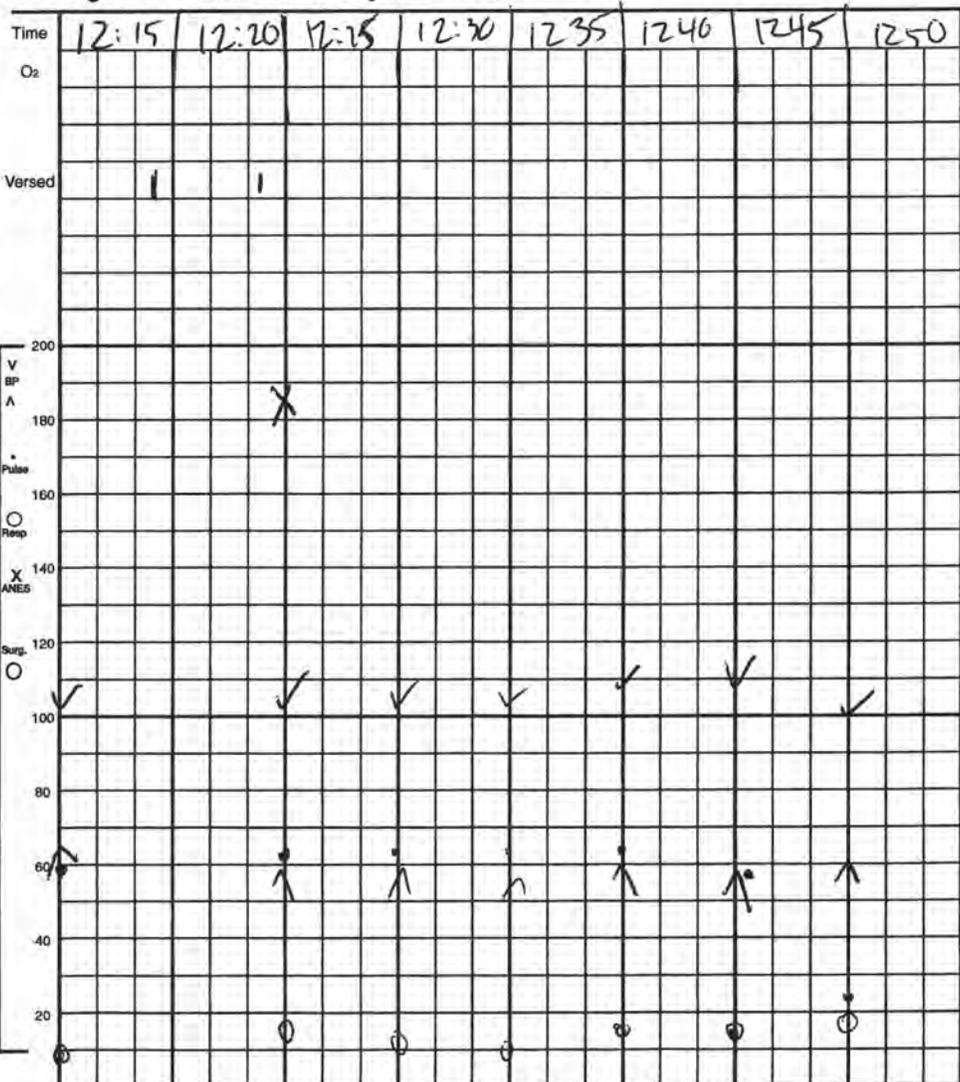
ASA:  I  II  III  IV  V  Consent Obtained  O<sub>2</sub>, Suction, Ambu/Bag, Code Cart, Antagonist Medication at chairside

Monitors: Pulse Oximetry  NIBP  ECG  Capnograph

Access: IV Size  20  22  24 Site:  R  L  Hand  Arm  A.C.F.

Agent:  O<sub>2</sub> (100%)  N<sub>2</sub>O ( % )  Nasal Hood  Nasal Cannula 3L/min

Vital signs must be taken every 5 minutes



SaO <sub>2</sub>	99	99	99	99	99	99	97
Rhythm	NSR						
EKG	34	36	35	36	36	35	33
ET CO <sub>2</sub>							

TOTAL AGENTS  
VERSED 2 MG

FLUIDS TOTAL IN  
NS 150 ML

DW5 \_\_\_\_\_ ML  
Pre Op Meds

DECADRON \_\_\_\_\_ MG  
CLINDAMYCIN \_\_\_\_\_ MG

Post Op Meds:  
TORADOL \_\_\_\_\_ MG

Procedure Performed:  
Filling upper left

B. HAGARTY  
ANESTHESIOLOGIST DENTIST PRINT NAME,  
ANESTHESIOLOGIST SIGNATURE/CREDENTIALS/DATE/TIME

J. Williams  
OPERATOR DENTIST PRINT NAME,  
OPERATOR SIGNATURE/CREDENTIALS, DATE/TIME

**MONTEFIORE  
DENTAL DEPARTMENT IV COURSE SEDATION RECORD**

Patient Name: \_\_\_\_\_  
MR #: \_\_\_\_\_

POST PROCEDURE							
TIME	BP	P	R	SpO <sub>2</sub>	PAIN SCALE	ECG RHYTHM	DDS/RN SIGNATURE
12:40	100/60	57	25	99	0	NSR	B. J. [Signature]

**NURSE'S NOTE**  
*X-10 X-3. Tolerated treatment well. Reperated from sedation well. Post procedure instructions given. Patient discharge home as per Dr. [Signature]*

ALDRETE SCORE		
Activity	PRE SCORE	POST SCORE
Able to move 4 extremities	2	2
Able to move 2 extremities	1	1
Able to move 0 extremities	0	0
<b>Respiration</b>		
Able to breathe deeply and cough freely	2	2
Dyspnea or limited breathing	0	0
Apneic	0	0
<b>Circulation</b>		
BP ± 20% of preanesthetic level	2	2
BP ± 20-50% of preanesthetic level	1	1
BP ± 50% of preanesthesia level	0	0
<b>Consciousness</b>		
Fully awake	2	2
Arousable on calling	1	1
Not responding	0	0
<b>Oxygenation</b>		
Able to maintain O <sub>2</sub> sat > 92% on room air	2	2
Needs supplemental O <sub>2</sub> to maintain sat > 90%	1	1
O <sub>2</sub> sat < 90%, even with supplemental O <sub>2</sub>	0	0
<b>TOTAL</b>	<b>10</b>	<b>10</b>
	<i>[Signature]</i>	<i>[Signature]</i>
	Initials	Initials

SCORE MUST BE AT LEAST 8-10 (or return to Baseline) FOR PATIENT'S RELEASE FROM THE PROCEDURE ROOM.

**DISCHARGE CRITERIA & PATIENT EDUCATION**

Vitals      BP: 100/60    HR: 57    RR: 16    O<sub>2</sub> Sat: 99%

Patient is alert, awake and oriented       Yes     No, If no explain \_\_\_\_\_

Minimal/absence of nausea or vomiting       Yes     No, If no explain \_\_\_\_\_

Tolerates PO intake       Yes     No, If no explain \_\_\_\_\_

Pain is well controlled       Yes     No, If no explain \_\_\_\_\_

Able to ambulate       Yes     No, If no explain \_\_\_\_\_

Written D/C instructions sheet and medication list given to patient       Yes     No, If no explain \_\_\_\_\_

Patient able to provide return demonstration or verbalize an understanding       Yes     No, If no explain \_\_\_\_\_

Responsible adult present to escort patient home       Yes     No    Escort's Relationship to Pt: husband

\_\_\_\_\_  
RN PRINT NAME      \_\_\_\_\_  
SIGNATURE/CREDENTIALS      \_\_\_\_\_  
DATE/TIME      12/3/13

\_\_\_\_\_  
ATTENDING PRINT NAME      \_\_\_\_\_  
SIGNATURE/CREDENTIALS      \_\_\_\_\_  
DATE/TIME      \_\_\_\_\_

# Montefiore

## DENTAL DEPARTMENT IV COURSE SEDATION RECORD

DATE: 9 Dec 2013 ROOM #: 11 Patient Information/Label  
 Pre-Procedure Vitals: B/P 123/81 Pulse: 64 Resp: 13 SaO<sub>2</sub>: 99 Weight: 148  
 Medical Hx: 0

Meds: None Allergies: NKDA

P/E:  A&Ox3  Lungs: CTA  CV: NSR Last Oral Intake:  4-6 hrs  6-8 hrs 9:00pm

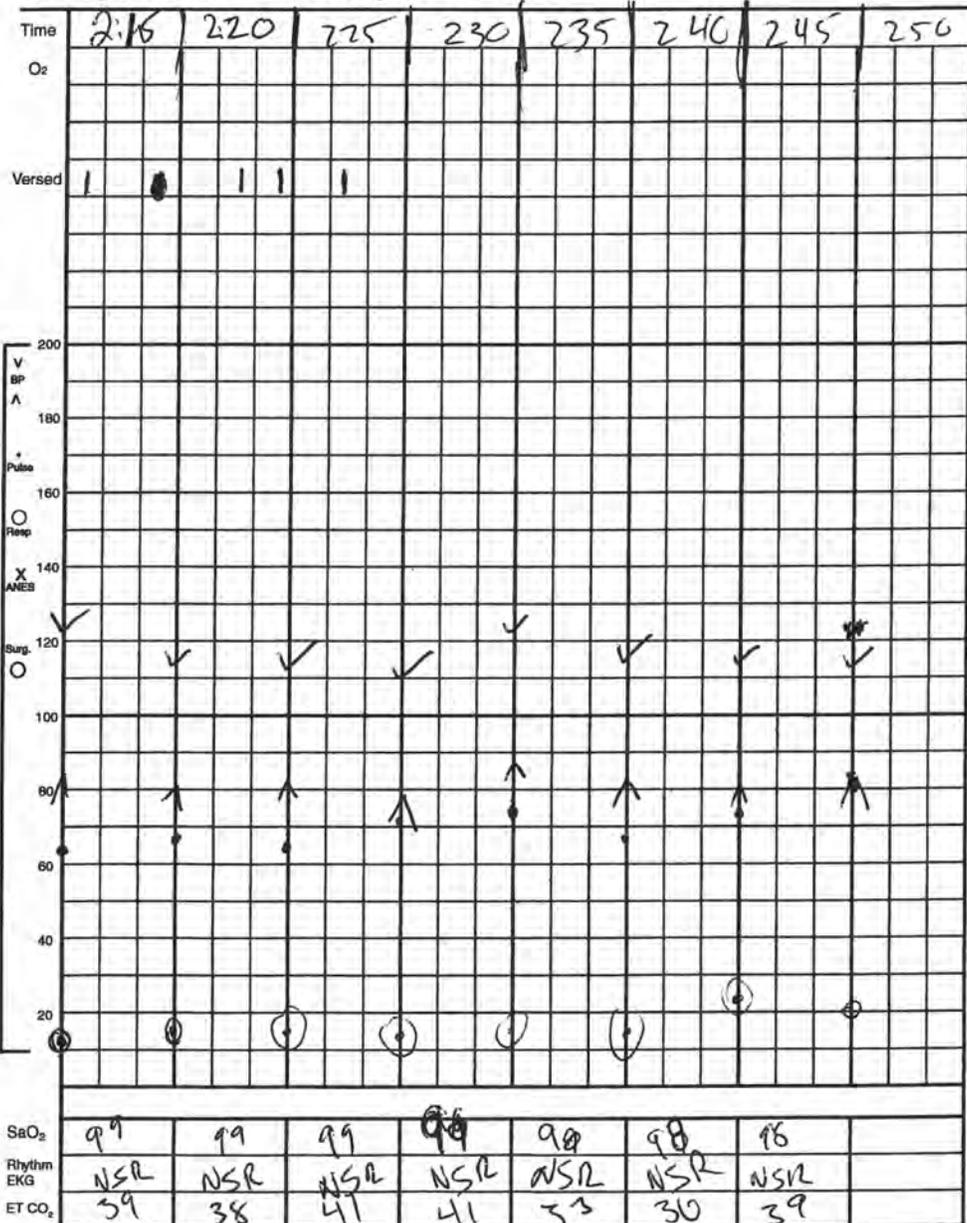
ASA:  I  II  III  IV  V  Consent Obtained  O<sub>2</sub>, Suction, Ambu/Bag, Code Cart, Antagonist Medication at chairside

Monitors: Pulse Oximetry  NIBP  ECG  Capnograph

Access: IV Size  20  22  24 Site:  R  L  Hand  Arm  A.C.F.

Agent:  O<sub>2</sub> ( %)  N<sub>2</sub>O ( %)  Nasal Hood  Nasal Cannula

Vital signs must be taken every 5 minutes



TOTAL AGENTS  
 VERSED 4 MG

FLUIDS TOTAL IN  
 NS 100 ML

DW5 \_\_\_\_\_ ML

Pre Op Meds  
 DECADRON \_\_\_\_\_ MG  
 CLINDAMYCIN \_\_\_\_\_ MG

Post Op Meds:  
 TORADOL \_\_\_\_\_ MG

cleaning of teeth  
 Procedure Performed:

IS. HAGARTY BA  
 ANESTHESIOLOGIST DENTIST PRINT NAME,  
 ANESTHESIOLOGIST SIGNATURE/CREDENTIALS, DATE/TIME

J. Williams  
 OPERATOR DENTIST PRINT NAME,  
 OPERATOR SIGNATURE/CREDENTIALS, DATE/TIME



# Montefiore

## DENTAL DEPARTMENT IV COURSE SEDATION RECORD

DATE: 9 Dec 2017 ROOM #: 11 Patient Information/Label  
 Pre-Procedure Vitals: B/P 131/71 Pulse: 64 Resp: 13 SaO<sub>2</sub>: 99 Weight: 161  
 Medical Hx: HTN

Meds: HTN meds Allergies: NLDA

P/E:  A&Ox3  Lungs: CTA  CV: NSR Last Oral Intake:  4-6 hrs  6-8 hrs

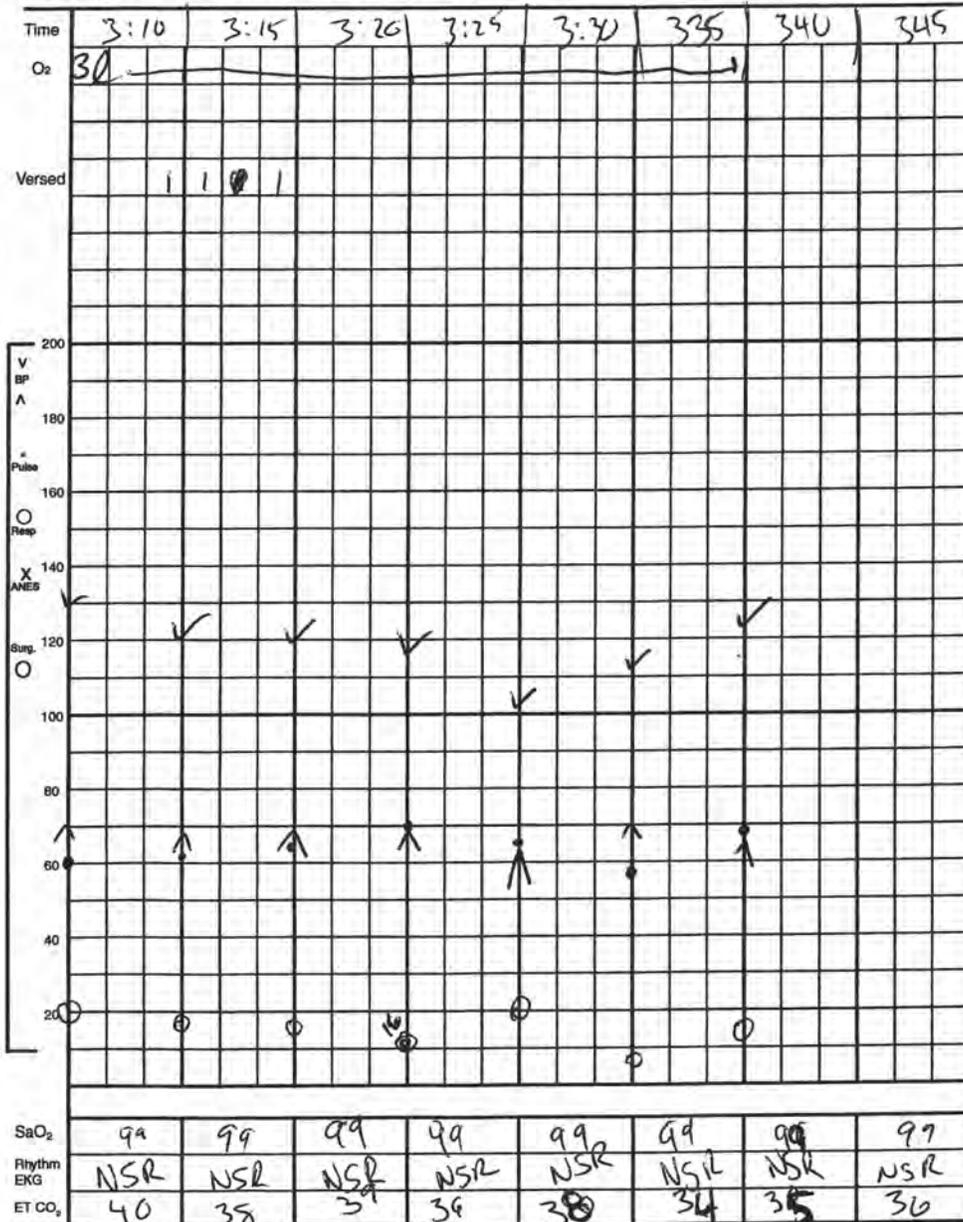
ASA:  I  II  III  IV  V  Consent Obtained  O<sub>2</sub>, Suction, Ambu/Bag, Code Cart, Antagonist Medication at chairside

Monitors: Pulse Oximetry  NIBP  ECG  Capnograph

Access: IV Size  20  22  24 Site:  R  L  Hand  Arm  A.C.F.

Agent:  O<sub>2</sub> (100%)  N<sub>2</sub>O ( % )  Nasal Hood  Nasal Cannula 3L/min

Vital signs must be taken every 5 minutes



TOTAL AGENTS  
 VERSED 3 MG

FLUIDS TOTAL IN  
 NS 50 ML

DW5 \_\_\_\_\_ ML

Pre Op Meds  
 DECADRON \_\_\_\_\_ MG  
 CLINDAMYCIN \_\_\_\_\_ MG

Post Op Meds:  
 TORADOL \_\_\_\_\_ MG

Procedure Performed:  
*Prep only*

B. HAGARTY / B. Hagarty 9 Dec 17  
 ANESTHESIOLOGIST DENTIST PRINT NAME, ANESTHESIOLOGIST SIGNATURE/CREDENTIALS, DATE/TIME

J. Williams  
 OPERATOR DENTIST PRINT NAME, OPERATOR SIGNATURE/CREDENTIALS, DATE/TIME

**MONTEFIORE  
DENTAL DEPARTMENT IV COURSE SEDATION RECORD**

Patient Name: \_\_\_\_\_

MR #: \_\_\_\_\_

POST PROCEDURE							
TIME	BP	P	R	SpO <sub>2</sub>	PAIN SCALE	ECG RHYTHM	DDS/RN SIGNATURE
3:30	126/64	67	16	99	0	NSR	[Signature]

**NURSE'S NOTE**  
*A=10 x3. Tolerated treatment well. Reperated from Sedation well.  
 Post procedure instructions given. Patient discharging home as per Dr. Krant*

ALDRETE SCORE			
Activity	PRE SCORE	POST SCORE	
Able to move 4 extremities	2	2	
Able to move 2 extremities	1	1	
Able to move 0 extremities	0	0	
<b>Respiration</b>			
Able to breathe deeply and cough freely	2	2	
Dyspnea or limited breathing	1	1	
Apneic	0	0	
<b>Circulation</b>			
BP ± 20% of preanesthetic level	2	2	
BP ± 20-50% of preanesthetic level	1	1	
BP ± 50% of preanesthesia level	0	0	
<b>Consciousness</b>			
Fully awake	2	2	
Arousable on calling	1	1	
Not responding	0	0	
<b>Oxygenation</b>			
Able to maintain O <sub>2</sub> sat > 92% on room air	2	2	
Needs supplemental O <sub>2</sub> to maintain sat > 90%	1	1	
O <sub>2</sub> sat < 90%, even with supplemental O <sub>2</sub>	0	0	
<b>TOTAL</b>	<b>16</b>	<b>14</b>	
	[Signature] Initials	[Signature] Initials	

SCORE MUST BE AT LEAST 8-10 (or return to Baseline) FOR PATIENT'S RELEASE FROM THE PROCEDURE ROOM.

**DISCHARGE CRITERIA & PATIENT EDUCATION**

Vitals BP: 126/64 HR: 67 RR: 16 O2 Sat: 99%

Patient is alert, awake and oriented  Yes  No, If no explain \_\_\_\_\_

Minimal/absence of nausea or vomiting  Yes  No, If no explain \_\_\_\_\_

Tolerates PO intake  Yes  No, If no explain \_\_\_\_\_

Pain is well controlled  Yes  No, If no explain \_\_\_\_\_

Able to ambulate  Yes  No, If no explain \_\_\_\_\_

Written D/C instructions sheet and medication list given to patient  Yes  No, If no explain \_\_\_\_\_

Patient able to provide return demonstration or verbalize an understanding  Yes  No, If no explain \_\_\_\_\_

Responsible adult present to escort patient home  Yes  No Escort's Relationship to Pt: husband

\_\_\_\_\_  
RN PRINT NAME

\_\_\_\_\_  
SIGNATURE/CREDENTIALS

\_\_\_\_\_  
DATE/TIME

\_\_\_\_\_  
ATTENDING PRINT NAME

\_\_\_\_\_  
SIGNATURE/CREDENTIALS

\_\_\_\_\_  
DATE/TIME

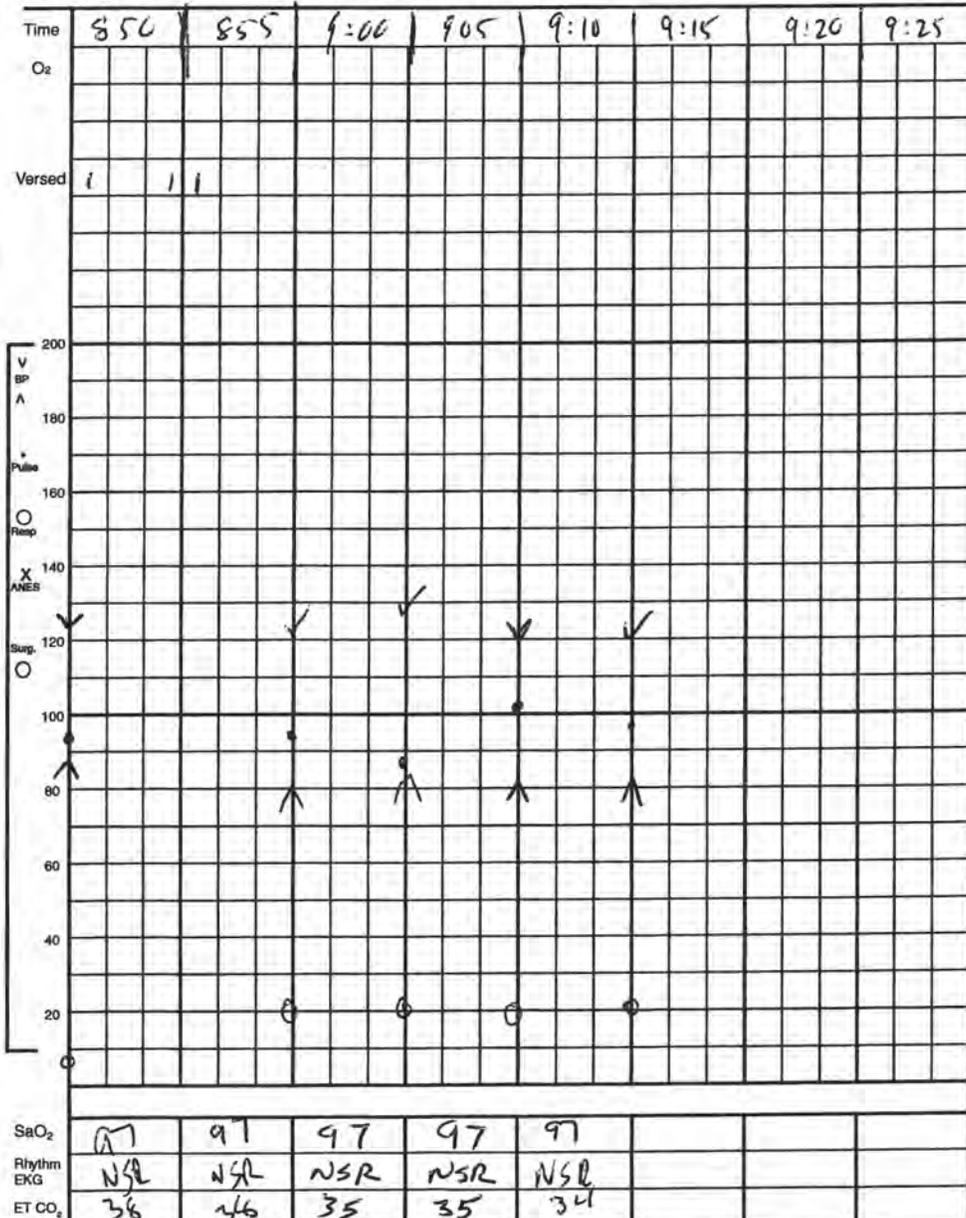
# Montefiore

## DENTAL DEPARTMENT IV COURSE SEDATION RECORD

DATE: 12/10/13 ROOM #: 15 Patient Information/Label  
 Pre-Procedure Vitals: B/P 125/86 Pulse: 95 Resp: 14 SaO<sub>2</sub>: 97 Weight: 240  
 Medical Hx: FRACTURED JAW / VASOVAGAL ATTACKS

Meds: DXYLODENE / METHADONE / NEURONTIN / ZEMARON Allergies: HYDROCODONE / TRAMADOL  
 P/E:  A&Ox3  Lungs: CTA  CV: NSR Last Oral Intake:  4-6 hrs  6-8 hrs  
 ASA:  I  II  III  IV  V  Consent Obtained  O<sub>2</sub>, Suction, Ambu/Bag, Code Cart, Antagonist Medication at chairside  
 Monitors: Pulse Oximetry  NIBP  ECG  Capnograph   
 Access: IV Size  20  22  24 Site:  R  L  Hand  Arm  A.C.F.  
 Agent:  O<sub>2</sub> (-%)  N<sub>2</sub>O (-%)  Nasal Hood  Nasal Cannula

Vital signs must be taken every 5 minutes



**TOTAL AGENTS**  
 VERSED 3 MG

**FLUIDS TOTAL IN**  
 NS 150 ML  
 DW5 \_\_\_\_\_ ML

**Pre Op Meds**  
 DECADRON \_\_\_\_\_ MG  
 CLINDAMYCIN \_\_\_\_\_ MG

**Post Op Meds:**  
 TORADOL \_\_\_\_\_ MG

**Procedure Performed:**  
IV SEDATION / PROP47

B. HAGARTY / B. Hagarty  
 ANESTHESIOLOGIST (DENTIST) PRINT NAME  
 ANESTHESIOLOGIST SIGNATURE/CREDENTIALS, DATE/TIME

Rami Ghorab R. Ghorab  
 OPERATOR DENTIST PRINT NAME  
 OPERATOR SIGNATURE/CREDENTIALS, DATE/TIME

**MONTEFIORE  
DENTAL DEPARTMENT IV COURSE SEDATION RECORD**

Patient Name: \_\_\_\_\_

MR #: \_\_\_\_\_

**POST PROCEDURE**

TIME	BP	P	R	SpO <sub>2</sub>	PAIN SCALE	ECG RHYTHM	DDS/RN SIGNATURE
9:11	121/80	45	28	97	0	NSR	B. MYERS

**NURSE'S NOTE**

Alert & oriented x3. Tolerates treatment well. Reoriented from sedation well. post procedure instructions given. patient discharge home as per Dr. Grant.

**ALDRETE SCORE**

Activity	PRE SCORE	POST SCORE
<b>Activity</b> Able to move 4 extremities	2	2
Able to move 2 extremities	0	0
Able to move 0 extremities	0	0
<b>Respiration</b> Able to breathe deeply and cough freely	2	2
Dyspnea or limited breathing	0	0
Apneic	0	0
<b>Circulation</b> BP ± 20% of preanesthetic level	2	2
BP ± 20-50% of preanesthetic level	0	0
BP ± 50% of preanesthesia level	0	0
<b>Consciousness</b> Fully awake	2	2
Arousable on calling	0	0
Not responding	0	0
<b>Oxygenation</b> Able to maintain O <sub>2</sub> sat > 92% on room air	2	2
Needs supplemental O <sub>2</sub> to maintain sat > 90%	0	0
O <sub>2</sub> sat < 90%, even with supplemental O <sub>2</sub>	0	0
<b>TOTAL</b>	10	10
	Initials: BM	Initials: J

SCORE MUST BE AT LEAST 8-10 (or return to Baseline) FOR PATIENT'S RELEASE FROM THE PROCEDURE ROOM.

**DISCHARGE CRITERIA & PATIENT EDUCATION**

Vitals BP: 121/80 HR: 95 RR: 23 O2 Sat: 97%

Patient is alert, awake and oriented  Yes  No, If no explain \_\_\_\_\_

Minimal/absence of nausea or vomiting  Yes  No, If no explain \_\_\_\_\_

Tolerates PO intake  Yes  No, If no explain \_\_\_\_\_

Pain is well controlled  Yes  No, If no explain \_\_\_\_\_

Able to ambulate  Yes  No, If no explain \_\_\_\_\_

Written D/C instructions sheet and medication list given to patient  Yes  No, If no explain \_\_\_\_\_

Patient able to provide return demonstration or verbalize an understanding  Yes  No, If no explain \_\_\_\_\_

Responsible adult present to escort patient home  Yes  No Escort's Relationship to Pt: Mom

\_\_\_\_\_  
RN PRINT NAME

\_\_\_\_\_  
SIGNATURE/CREDENTIALS

\_\_\_\_\_  
DATE/TIME

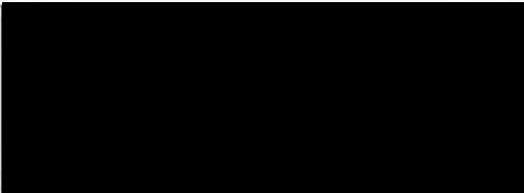
\_\_\_\_\_  
ATTENDING PRINT NAME

\_\_\_\_\_  
SIGNATURE/CREDENTIALS

\_\_\_\_\_  
DATE/TIME

# Montefiore

## DENTAL DEPARTMENT IV COURSE SEDATION RECORD



DATE: 10 Dec 2013 ROOM #: 15

Patient Information/Label

Pre-Procedure Vitals: B/P 123/77 Pulse: 61 Resp: 17 SaO<sub>2</sub>: 99 Weight: 180

Medical Hx: NSF

Meds: NO MEDS

Allergies: NKDA

P/E:  A&Ox3  Lungs: CTA  CV: NSR Last Oral Intake:  4-6 hrs  6-8 hrs

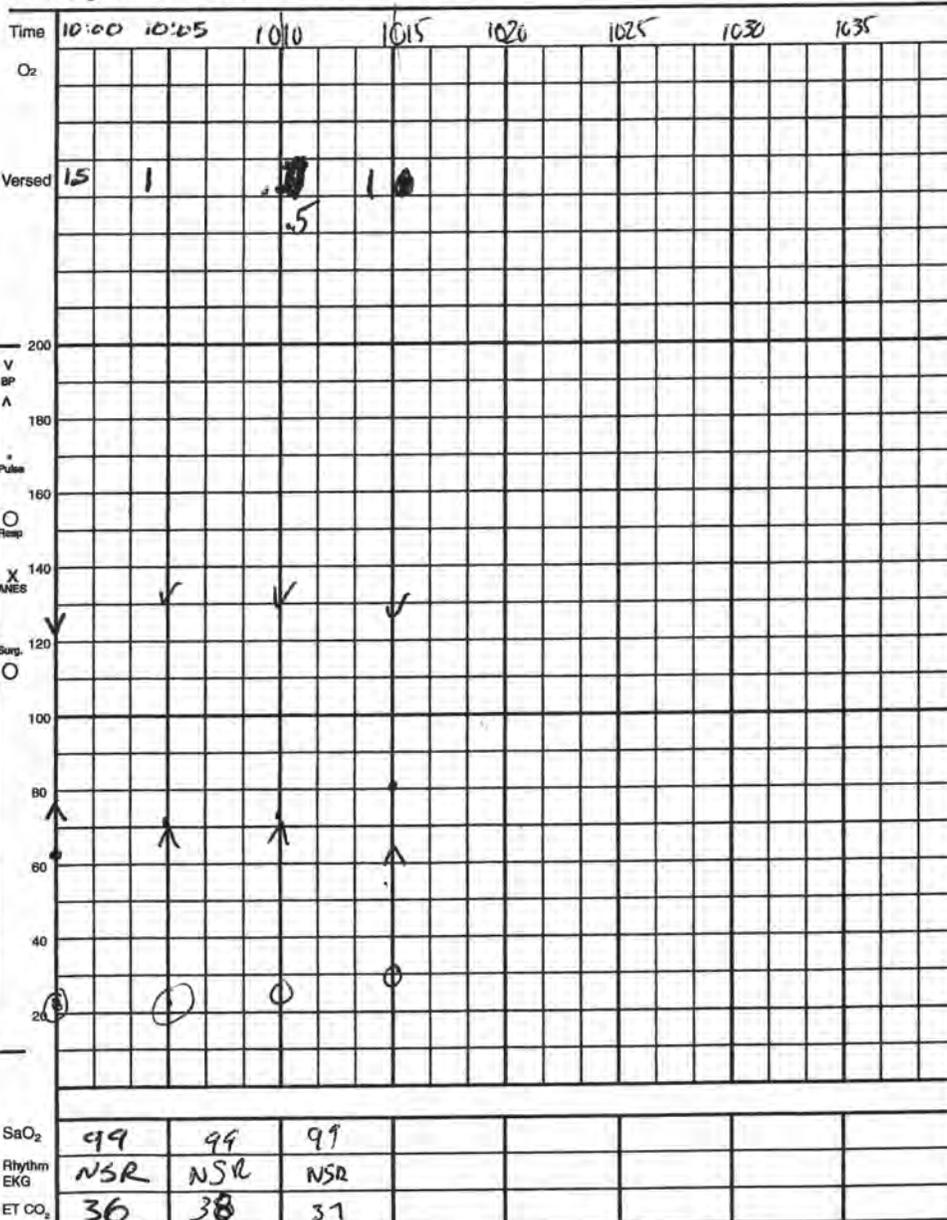
ASA:  I  II  III  IV  V  Consent Obtained  O<sub>2</sub>, Suction, Ambu/Bag, Code Cart, Antagonist Medication at chairside

Monitors: Pulse Oximetry  NIBP  ECG  Capnograph

Access: IV Size  20  22  24 Site:  R  L  Hand  Arm  A.C.F.

Agent:  O<sub>2</sub> ( %)  N<sub>2</sub>O ( %)  Nasal Hood  Nasal Cannula

Vital signs must be taken every 5 minutes



### TOTAL AGENTS

VERSED 4 MG

### FLUIDS TOTAL IN

NS 50 ML

DW5 \_\_\_\_\_ ML

### Pre Op Meds

DECADRON \_\_\_\_\_ MG

CLINDAMYCIN \_\_\_\_\_ MG

### Post Op Meds:

TORADOL \_\_\_\_\_ MG

### Procedure Performed:

Removal LL #1 molar #1

B. HAGARTY / 12/10/13  
 ANESTHESIOLOGIST DENTIST PRINT NAME,  
 ANESTHESIOLOGIST SIGNATURE/CREDENTIALS, DATE/TIME

R. Ghorab / R. Ghorab  
 OPERATOR DENTIST PRINT NAME,  
 OPERATOR SIGNATURE/CREDENTIALS, DATE/TIME

**MONTEFIORE  
DENTAL DEPARTMENT IV COURSE SEDATION RECORD**

Patient Name: \_\_\_\_\_

MR #: \_\_\_\_\_

**POST PROCEDURE**

TIME	BP	P	R	SpO <sub>2</sub>	PAIN SCALE	ECG RHYTHM	DDS/RN SIGNATURE
10:16	127/64	84	24	99	0	USE	B. N. V.

**NURSE'S NOTE**

Alert and oriented x 3. Intraoral treatment well. Reperated from sedation well. Post procedure instructions given. Patient discharge home as per Dr. Krawe

**ALDRETE SCORE**

Activity	PRE SCORE	POST SCORE
<b>Activity</b> Able to move 4 extremities	2	2
Able to move 2 extremities	1	1
Able to move 0 extremities	0	0
<b>Respiration</b> Able to breathe deeply and cough freely	2	2
Dyspnea or limited breathing	1	1
Apneic	0	0
<b>Circulation</b> BP ± 20% of preanesthetic level	2	2
BP ± 20-50% of preanesthetic level	1	1
BP ± 50% of preanesthesia level	0	0
<b>Consciousness</b> Fully awake	2	2
Arousable on calling	1	1
Not responding	0	0
<b>Oxygenation</b> Able to maintain O <sub>2</sub> sat > 92% on room air	2	2
Needs supplemental O <sub>2</sub> to maintain sat > 90%	1	1
O <sub>2</sub> sat < 90%, even with supplemental O <sub>2</sub>	0	0
<b>TOTAL</b>	<b>10</b>	<b>10</b>

Initials

Initials

SCORE MUST BE AT LEAST 8-10 (or return to Baseline) FOR PATIENT'S RELEASE FROM THE PROCEDURE ROOM.

**DISCHARGE CRITERIA & PATIENT EDUCATION**

Vitals BP: 127/64 HR: 84 RR: 24 O2 Sat: 99%

Patient is alert, awake and oriented  Yes  No, if no explain \_\_\_\_\_

Minimal/absence of nausea or vomiting  Yes  No, if no explain \_\_\_\_\_

Tolerates PO intake  Yes  No, if no explain \_\_\_\_\_

Pain is well controlled  Yes  No, if no explain \_\_\_\_\_

Able to ambulate  Yes  No, if no explain \_\_\_\_\_

Written D/C instructions sheet and medication list given to patient  Yes  No, if no explain \_\_\_\_\_

Patient able to provide return demonstration or verbalize an understanding  Yes  No, if no explain \_\_\_\_\_

Responsible adult present to escort patient home  Yes  No Escort's Relationship to Pt: Mom

\_\_\_\_\_  
RN PRINT NAME

\_\_\_\_\_  
SIGNATURE/CREDENTIALS

\_\_\_\_\_  
DATE/TIME

\_\_\_\_\_  
ATTENDING PRINT NAME

\_\_\_\_\_  
SIGNATURE/CREDENTIALS

\_\_\_\_\_  
DATE/TIME

# Montefiore

## DENTAL DEPARTMENT IV COURSE SEDATION RECORD



DATE: 10 Dec 2017 ROOM #: K Patient Information/Label

Pre-Procedure Vitals: B/P 132/76 Pulse: 70 Resp: 17 SaO<sub>2</sub>: 99 Weight: 150

Medical Hx: ∅

Meds: ∅ Allergies: NKDA

P/E:  A&Ox3  Lungs: CTA  CV: NSR Last Oral Intake:  4-6 hrs  6-8 hrs 9:30pm

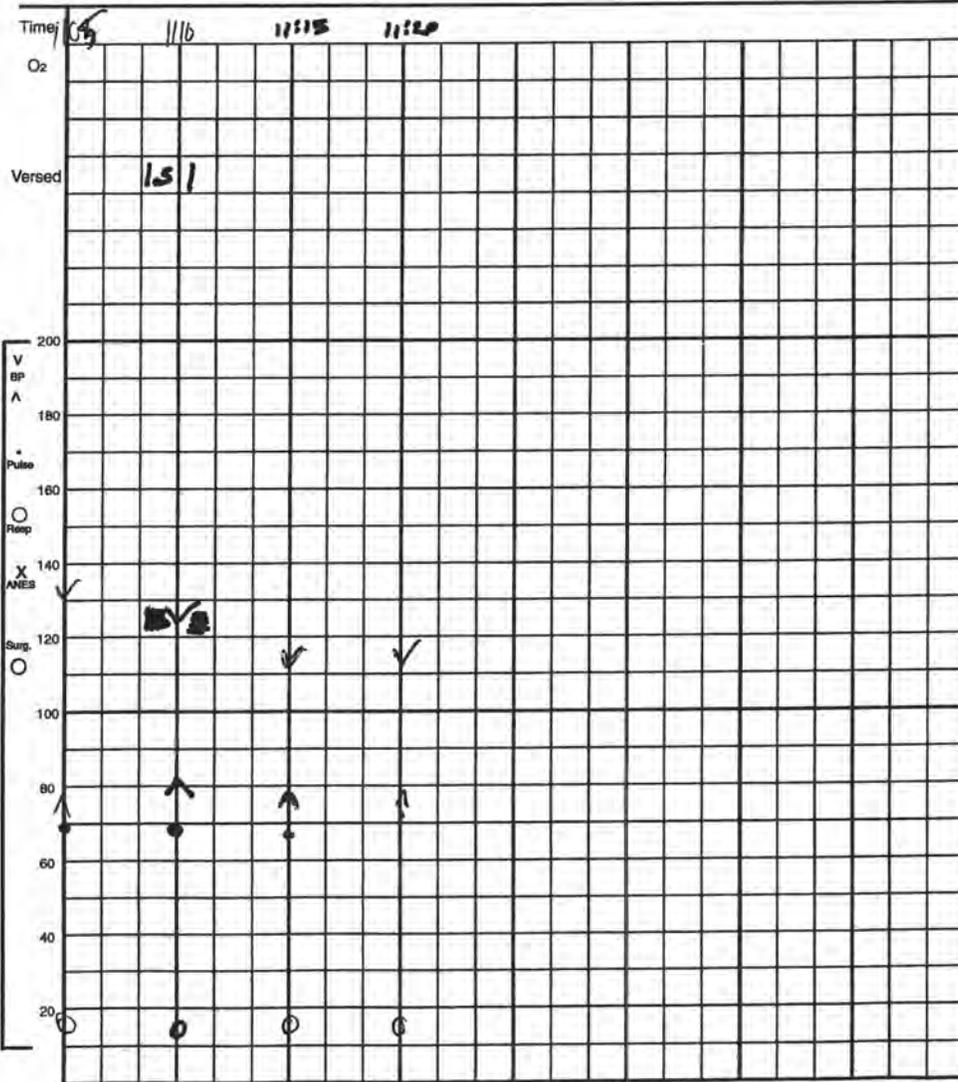
ASA:  I  II  III  IV  V  Consent Obtained  O<sub>2</sub>, Suction, Ambu/Bag, Code Cart, Antagonist Medication at chairside

Monitors: Pulse Oximetry  NIBP  ECG  Capnograph

Access: IV Size  20  22  24 Site:  R  L  Hand  Arm  A.C.F.

Agent:  O<sub>2</sub> (— %)  N<sub>2</sub>O (— %)  Nasal Hood  Nasal Cannula

Vital signs must be taken every 5 minutes



TOTAL AGENTS	
VERSED	2.5 MG
FLUIDS TOTAL IN	
NS	50 ML
DW5	ML
Pre Op Meds	
DECADRON	MG
CLINDAMYCIN	MG
Post Op Meds:	
TORADOL	MG

Procedure Performed:  
Removal of #19, lower left 1st molar

B. WAGARTY / BAY  
 ANESTHESIOLOGIST PRINT NAME, ANESTHESIOLOGIST SIGNATURE/CREDENTIALS, DATE/TIME  
R. Ghoreh / R. Ghoreh  
 OPERATOR PRINT NAME, OPERATOR SIGNATURE/CREDENTIALS, DATE/TIME

SaO <sub>2</sub>	99	99	99
Rhythm EKG	NSR	NSR	NSR
ET CO <sub>2</sub>	43	44	45

**MONTEFIORE  
DENTAL DEPARTMENT IV COURSE SEDATION RECORD**

Patient Name: \_\_\_\_\_

MR #: \_\_\_\_\_

**POST PROCEDURE**

TIME	BP	P	R	SpO <sub>2</sub>	PAIN SCALE	ECG RHYTHM	DDS/RN SIGNATURE
11:20	113/77	69	18	99	0	NSR	Benny

**NURSE'S NOTE**

A to x5. Tolerated treatment well. Reperative from sedation well. Post procedure instructions given patient discharge home as per Dr. Krawt

**ALDRETE SCORE**

Activity	PRE SCORE	POST SCORE
<b>Activity</b> Able to move 4 extremities Able to move 2 extremities Able to move 0 extremities	2 1 0	2 1 0
<b>Respiration</b> Able to breathe deeply and cough freely Dyspnea or limited breathing Apneic	2 1 0	2 1 0
<b>Circulation</b> BP ± 20% of preanesthetic level BP ± 20-50% of preanesthetic level BP ± 50% of preanesthesia level	2 1 0	2 1 0
<b>Consciousness</b> Fully awake Arousable on calling Not responding	2 1 0	2 1 0
<b>Oxygenation</b> Able to maintain O <sub>2</sub> sat > 92% on room air Needs supplemental O <sub>2</sub> to maintain sat > 90% O <sub>2</sub> sat < 90%, even with supplemental O <sub>2</sub>	2 1 0	2 1 0
<b>TOTAL</b>	10	10
	Initials: <u>BN</u>	Initials: <u>BN</u>

SCORE MUST BE AT LEAST 8-10 (or return to Baseline) FOR PATIENT'S RELEASE FROM THE PROCEDURE ROOM.

**DISCHARGE CRITERIA & PATIENT EDUCATION**

Vitals BP: 113/77 HR: 69 RR: 18 O<sub>2</sub> Sat: 99%

Patient is alert, awake and oriented  Yes  No, If no explain \_\_\_\_\_

Minimal/absence of nausea or vomiting  Yes  No, If no explain \_\_\_\_\_

Tolerates PO intake  Yes  No, If no explain \_\_\_\_\_

Pain is well controlled  Yes  No, If no explain \_\_\_\_\_

Able to ambulate  Yes  No, If no explain \_\_\_\_\_

Written D/C instructions sheet and medication list given to patient  Yes  No, If no explain \_\_\_\_\_

Patient able to provide return demonstration or verbalize an understanding  Yes  No, If no explain \_\_\_\_\_

Responsible adult present to escort patient home  Yes  No Escort's Relationship to Pt: COUSIN

\_\_\_\_\_  
RN PRINT NAME

\_\_\_\_\_  
SIGNATURE/CREDENTIALS

\_\_\_\_\_  
DATE/TIME 12/10/13

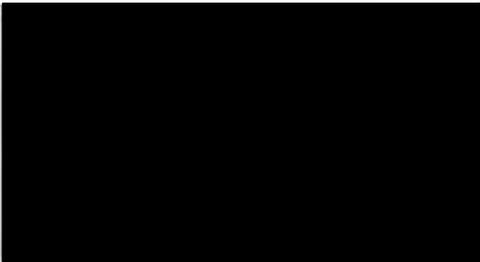
\_\_\_\_\_  
ATTENDING PRINT NAME

\_\_\_\_\_  
SIGNATURE/CREDENTIALS

\_\_\_\_\_  
DATE/TIME

# Montefiore

## DENTAL DEPARTMENT IV COURSE SEDATION RECORD



DATE: 12-10-13 ROOM #: 15

Patient Information/Label

Pre-Procedure Vitals: B/P 117/63 Pulse: 59 Resp: 18 SaO<sub>2</sub>: 99 Weight: 140

Medical Hx: Ø

Meds: Ø Allergies: NKDA

P/E:  A&Ox3  Lungs: CTA  CV: NSR Last Oral Intake:  4-6 hrs  6-8 hrs

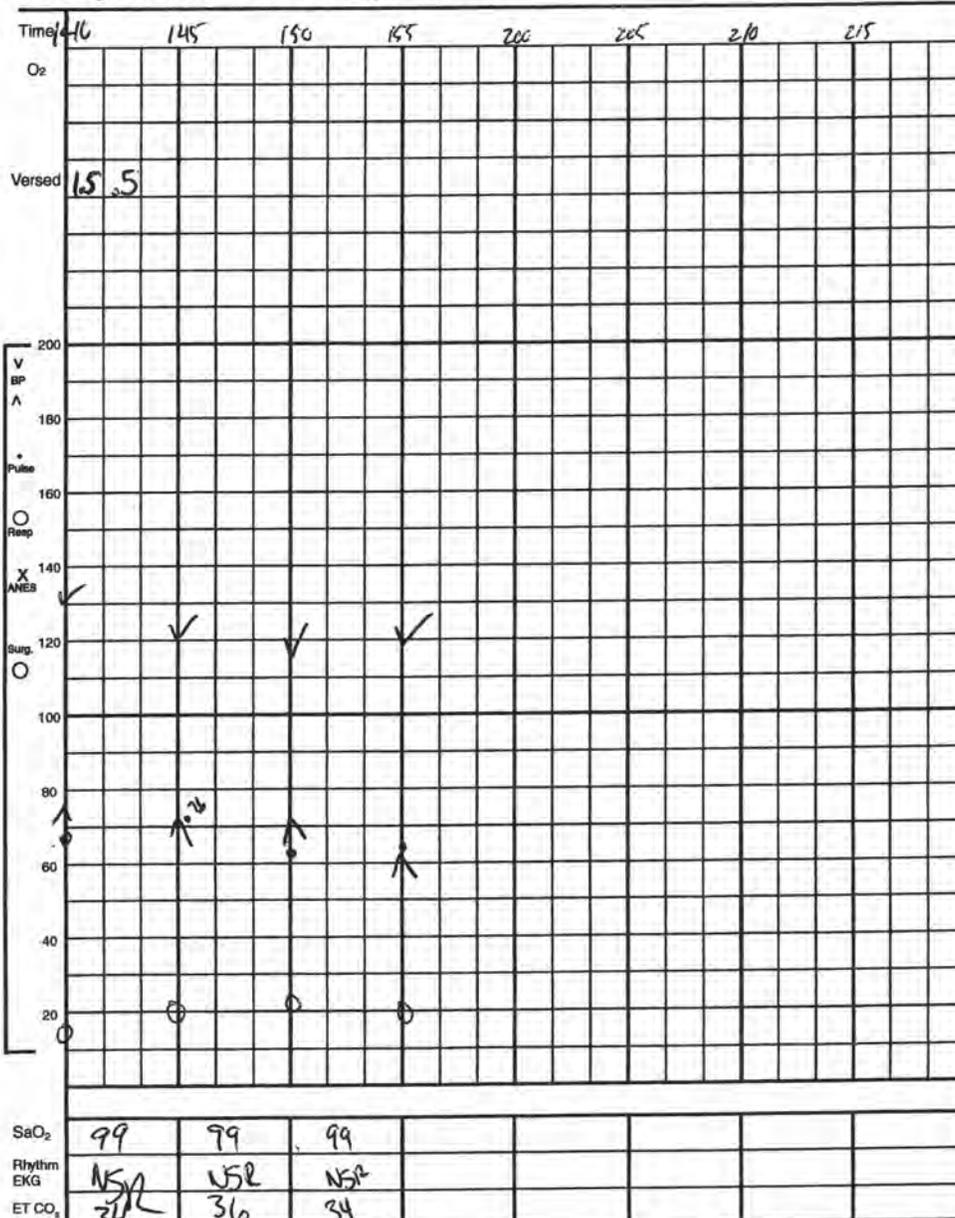
ASA:  I  II  III  IV  V  Consent Obtained  O<sub>2</sub>, Suction, Ambu/Bag, Code Cart, Antagonist Medication at chairside

Monitors: Pulse Oximetry  NIBP  ECG  Capnograph

Access: IV Size  20  22  24 Site:  R  L  Hand  Arm  A.C.F.

Agent:  O<sub>2</sub> ( - %)  N<sub>2</sub>O ( - %)  Nasal Hood  Nasal Cannula

Vital signs must be taken every 5 minutes



TOTAL AGENTS  
VERSED 2 MG

FLUIDS TOTAL IN  
NS 50 ML

DW5          ML

Pre Op Meds  
DECADRON          MG  
CLINDAMYCIN          MG

Post Op Meds:  
TORADOL          MG

Procedure Performed:  
Cleaning of teeth

B. HAGARTY / B. HAGARTY  
ANESTHESIOLOGIST DENTIST PRINT NAME  
ANESTHESIOLOGIST SIGNATURE/CREDENTIALS, DATE/TIME

J. MANWARING / J. MANWARING 12/10/13  
OPERATOR DENTIST PRINT NAME  
OPERATOR SIGNATURE/CREDENTIALS, DATE/TIME

**MONTEFIORE  
DENTAL DEPARTMENT IV COURSE SEDATION RECORD**

Patient Name: \_\_\_\_\_

MR #: \_\_\_\_\_

**POST PROCEDURE**

TIME	BP	P	R	SpO <sub>2</sub>	PAIN SCALE	ECG RHYTHM	DDS/RN SIGNATURE
155	124/73	62	21	99	0	NSR	BAW

**NURSE'S NOTE**

A+0 X3 Tolerates treatment well. Reperated from sedation well. Post procedure instructions given. Patient discharged home as per Dr. Grant.

**ALDRETE SCORE**

Activity	PRE SCORE	POST SCORE
<b>Activity</b> Able to move 4 extremities	2	2
Able to move 2 extremities	1	0
Able to move 0 extremities	0	0
<b>Respiration</b> Able to breathe deeply and cough freely	2	2
Dyspnea or limited breathing	1	0
Apneic	0	0
<b>Circulation</b> BP ± 20% of preanesthetic level	2	2
BP ± 20-50% of preanesthetic level	1	0
BP ± 50% of preanesthesia level	0	0
<b>Consciousness</b> Fully awake	2	2
Arousable on calling	1	0
Not responding	0	0
<b>Oxygenation</b> Able to maintain O <sub>2</sub> sat > 92% on room air	2	2
Needs supplemental O <sub>2</sub> to maintain sat > 90%	1	0
O <sub>2</sub> sat < 90%, even with supplemental O <sub>2</sub>	0	0
<b>TOTAL</b>	<b>10</b>	<b>8</b>
	<u>BAW</u> Initials	<u>B</u> Initials

SCORE MUST BE AT LEAST 8-10 (or return to Baseline) FOR PATIENT'S RELEASE FROM THE PROCEDURE ROOM.

**DISCHARGE CRITERIA & PATIENT EDUCATION**

Vitals BP: 124/73 HR: 62 RR: 21 O<sub>2</sub> Sat: 99%

Patient is alert, awake and oriented  Yes  No, If no explain \_\_\_\_\_

Minimal/absence of nausea or vomiting  Yes  No, If no explain \_\_\_\_\_

Tolerates PO intake  Yes  No, If no explain \_\_\_\_\_

Pain is well controlled  Yes  No, If no explain \_\_\_\_\_

Able to ambulate  Yes  No, If no explain \_\_\_\_\_

Written D/C instructions sheet and medication list given to patient  Yes  No, If no explain \_\_\_\_\_

Patient able to provide return demonstration or verbalize an understanding  Yes  No, If no explain \_\_\_\_\_

Responsible adult present to escort patient home  Yes  No Escort's Relationship to Pt: Husband

Arswa J... RN PRINT NAME      [Signature] SIGNATURE/CREDENTIALS      12/13 DATE/TIME

ATTENDING PRINT NAME      SIGNATURE/CREDENTIALS      DATE/TIME

# Montefiore

## DENTAL DEPARTMENT IV COURSE SEDATION RECORD

DATE: 12-10-13 ROOM #: 15

Patient Information/Label

Pre-Procedure Vitals: B/P 112/58 Pulse: 41 Resp: 18 SaO<sub>2</sub>: 98 Weight: 205

Medical Hx: -14 EP SURGERY - TWO YRS AGO - NO COMPLICATIONS

Meds: NO MEDS Allergies: NILDA

P/E:  A&Ox3  Lungs: CTA  CV: NSR Last Oral Intake:  4-6 hrs  6-8 hrs

ASA:  I  II  III  IV  V  Consent Obtained  O<sub>2</sub>, Suction, Ambu/Bag, Code Cart, Antagonist Medication at chairside

Monitors: Pulse Oximetry  NIBP  ECG  Capnograph

Access: IV Size  20  22  24 Site:  R  L  Hand  Arm  A.C.F.

Agent:  O<sub>2</sub> (—%)  N<sub>2</sub>O (—%)  Nasal Hood  Nasal Cannula

Vital signs must be taken every 5 minutes

Time	250	255	300	305	310	315	320	325
O <sub>2</sub>								
Versed	1.5	1						
V BP								
Pulse								
Resp								
ANES								
Surg.								
SaO <sub>2</sub>	98	99	99	98	99			
Rhythm EKG	NSR	NSR	NSR	NSR	NSR			
ET CO <sub>2</sub>	41	36	41	41	37			

TOTAL AGENTS  
VERSED 2.5 MG

FLUIDS TOTAL IN  
NS 100 ML

DW5 - ML

Pre Op Meds  
DECADRON - MG  
CLINDAMYCIN - MG

Post Op Meds:  
TORADOL - MG

Procedure Performed:  
DENTAL CLINICAL IV SEDATION

B. HAGARTY [Signature] 12/10/13  
ANESTHESIOLOGIST DENTIST/PRINT NAME, ANESTHESIOLOGIST SIGNATURE/CREDENTIALS, DATE/TIME

J. MAJWAR [Signature] 12-10-13 2:47 PM  
OPERATOR DENTIST PRINT NAME, OPERATOR SIGNATURE/CREDENTIALS, DATE/TIME

**MONTEFIORE  
DENTAL DEPARTMENT IV COURSE SEDATION RECORD**

Patient Name: \_\_\_\_\_  
MR #: \_\_\_\_\_

POST PROCEDURE							
TIME	BP	P	R	SpO <sub>2</sub>	PAIN SCALE	ECG RHYTHM	DDS/RN SIGNATURE
3:16	112/57	41	21	99	0	NSR	B. My MS

**NURSE'S NOTE**  
*A to x 3 tolerable treatment well. Reperformed from sedation well. Post procedure instructions given. Patient discharge home as per Dr. Grant*

ALDRETE SCORE		
Activity	PRE SCORE	POST SCORE
Able to move 4 extremities	2	2
Able to move 2 extremities	1	1
Able to move 0 extremities	0	0
<b>Respiration</b>		
Able to breathe deeply and cough freely	2	2
Dyspnea or limited breathing	1	1
Apneic	0	0
<b>Circulation</b>		
BP ± 20% of preanesthetic level	2	2
BP ± 20-50% of preanesthetic level	1	1
BP ± 50% of preanesthesia level	0	0
<b>Consciousness</b>		
Fully awake	2	2
Arousable on calling	1	1
Not responding	0	0
<b>Oxygenation</b>		
Able to maintain O <sub>2</sub> sat > 92% on room air	2	2
Needs supplemental O <sub>2</sub> to maintain sat > 90%	1	1
O <sub>2</sub> sat < 90%, even with supplemental O <sub>2</sub>	0	0
<b>TOTAL</b>	<b>10</b>	<b>10</b>
	<i>(Initials)</i>	<i>(Initials)</i>

SCORE MUST BE AT LEAST 8-10 (or return to Baseline) FOR PATIENT'S RELEASE FROM THE PROCEDURE ROOM.

**DISCHARGE CRITERIA & PATIENT EDUCATION**

Vitals BP: 112/57 HR: 41 RR: 21 O<sub>2</sub> Sat: 99%

Patient is alert, awake and oriented  Yes  No, If no explain \_\_\_\_\_

Minimal/absence of nausea or vomiting  Yes  No, If no explain \_\_\_\_\_

Tolerates PO intake  Yes  No, If no explain \_\_\_\_\_

Pain is well controlled  Yes  No, If no explain \_\_\_\_\_

Able to ambulate  Yes  No, If no explain \_\_\_\_\_

Written D/C instructions sheet and medication list given to patient  Yes  No, If no explain \_\_\_\_\_

Patient able to provide return demonstration or verbalize an understanding  Yes  No, If no explain \_\_\_\_\_

Responsible adult present to escort patient home  Yes  No Escort's Relationship to Pt: friend.

\_\_\_\_\_  
RN PRINT NAME

\_\_\_\_\_  
SIGNATURE/CREDENTIALS

\_\_\_\_\_  
DATE/TIME

\_\_\_\_\_  
ATTENDING PRINT NAME

\_\_\_\_\_  
SIGNATURE/CREDENTIALS

\_\_\_\_\_  
DATE/TIME

# Montefiore

## DENTAL DEPARTMENT IV COURSE SEDATION RECORD

DATE: 12-11-13 ROOM #: 15

Patient Information/Label

Pre-Procedure Vitals: B/P 148/104 Pulse: 88 Resp: 22 SaO<sub>2</sub>: 98 Weight: 202

Medical Hx: HTN

Meds: HTN MEDS

Allergies: NILDA

P/E:  A&Ox3  Lungs: CTA  CV: NSR Last Oral Intake:  4-6 hrs  6-8 hrs

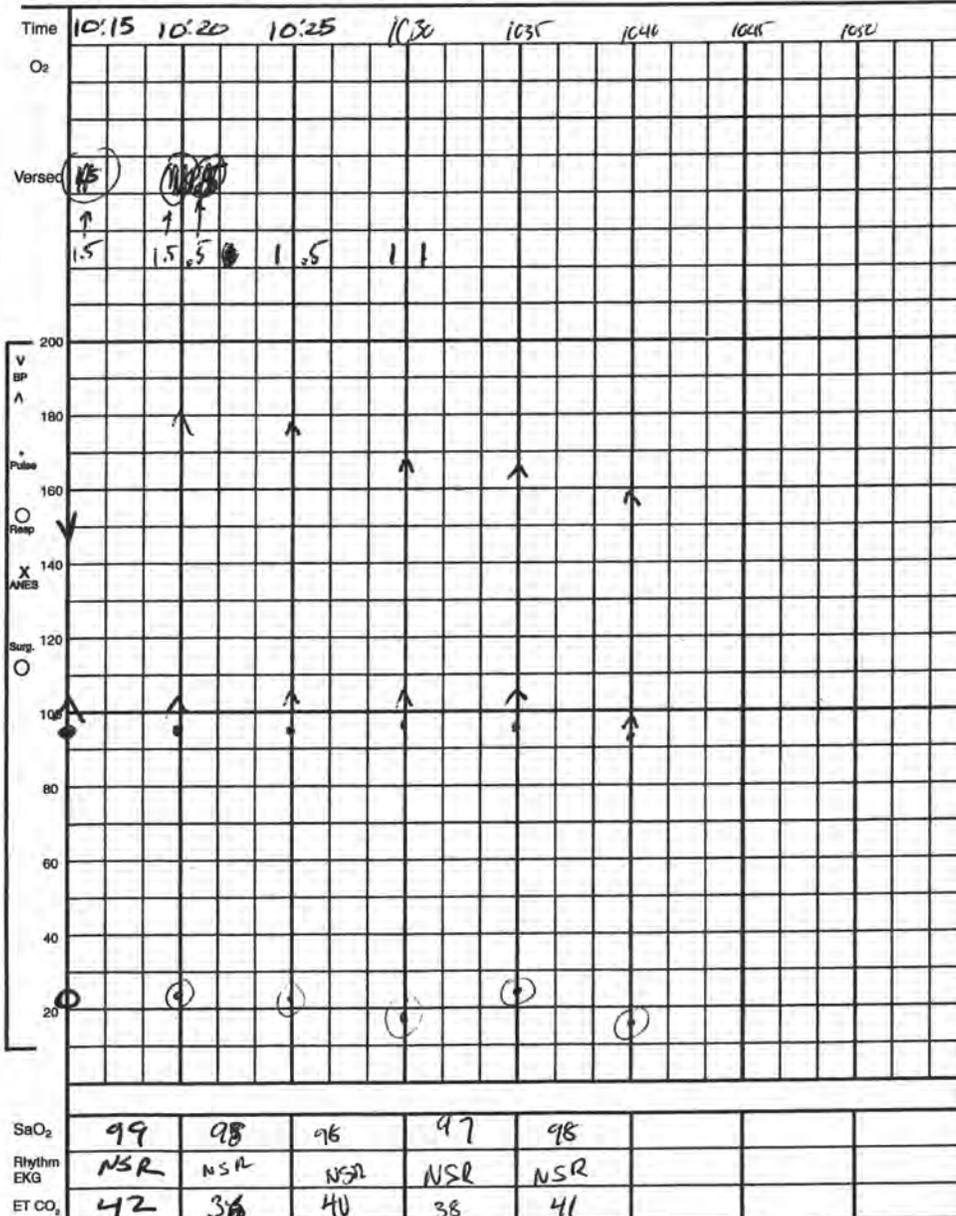
ASA:  I  II  III  IV  V  Consent Obtained  O<sub>2</sub>, Suction, Ambu/Bag, Code Cart, Antagonist Medication at chairside

Monitors: Pulse Oximetry  NIBP  ECG  Capnograph

Access: IV Size  20  22  24 Site:  R  L  Hand  Arm  A.C.F.

Agent:  O<sub>2</sub> ( 2 %)  N<sub>2</sub>O ( % )  Nasal Hood  Nasal Cannula

Vital signs must be taken every 5 minutes



### TOTAL AGENTS

VERSED 7 MG

### FLUIDS TOTAL IN

NS \_\_\_\_\_ ML

DW5 \_\_\_\_\_ ML

### Pre Op Meds

DECADRON \_\_\_\_\_ MG

CLINDAMYCIN \_\_\_\_\_ MG

### Post Op Meds:

TORADOL \_\_\_\_\_ MG

### Procedure Performed:

DENTAL CLEANING

IV SEDATION

B. HAGARTY / B. HAGARTY  
 ANESTHESIOLOGIST DENTIST (PRINT NAME)  
 ANESTHESIOLOGIST SIGNATURE/CREDENTIALS, DATE/TIME

J. MANWARING / J. MANWARING  
 OPERATOR DENTIST (PRINT NAME)  
 OPERATOR SIGNATURE/CREDENTIALS, DATE/TIME 12/11/13 10:17A

**MONTEFIORE  
DENTAL DEPARTMENT IV COURSE SEDATION RECORD**

Patient Name: \_\_\_\_\_

MR #: \_\_\_\_\_

**POST PROCEDURE**

TIME	BP	P	R	SpO <sub>2</sub>	PAIN SCALE	ECG RHYTHM	DDS/RN SIGNATURE
10:40	158/98	57	22	98	1	NSR	B. Nly

**NURSE'S NOTE**

A-10 x3. Tolerated treatment well. Reperated from sedation unit.  
Post procedure instructions given. Patient discharge home as per Dr. Kravt

**ALDRETE SCORE**

Activity	PRE SCORE	POST SCORE
<b>Activity</b> Able to move 4 extremities Able to move 2 extremities Able to move 0 extremities	2 1 0	2 1 0
<b>Respiration</b> Able to breathe deeply and cough freely Dyspnea or limited breathing Apneic	2 1 0	2 1 0
<b>Circulation</b> BP ± 20% of preanesthetic level BP ± 20-50% of preanesthetic level BP ± 50% of preanesthesia level	2 1 0	2 1 0
<b>Consciousness</b> Fully awake Arousable on calling Not responding	2 1 0	2 1 0
<b>Oxygenation</b> Able to maintain O <sub>2</sub> sat > 92% on room air Needs supplemental O <sub>2</sub> to maintain sat > 90% O <sub>2</sub> sat < 90%, even with supplemental O <sub>2</sub>	2 1 0	2 1 0
<b>TOTAL</b>	10	10

SCORE MUST BE AT LEAST 8-10 (or return to Baseline) FOR PATIENT'S RELEASE FROM THE PROCEDURE ROOM.

**DISCHARGE CRITERIA & PATIENT EDUCATION**

Vitals BP: 150/90 HR: 80 RR: 16 O2 Sat: 98%

Patient is alert, awake and oriented  Yes  No, If no explain \_\_\_\_\_

Minimal/absence of nausea or vomiting  Yes  No, If no explain \_\_\_\_\_

Tolerates PO intake  Yes  No, If no explain \_\_\_\_\_

Pain is well controlled  Yes  No, If no explain \_\_\_\_\_

Able to ambulate  Yes  No, If no explain \_\_\_\_\_

Written D/C instructions sheet and medication list given to patient  Yes  No, If no explain \_\_\_\_\_

Patient able to provide return demonstration or verbalize an understanding  Yes  No, If no explain \_\_\_\_\_

Responsible adult present to escort patient home  Yes  No Escort's Relationship to Pt: HUSBAND

\_\_\_\_\_  
RN PRINT NAME

\_\_\_\_\_  
SIGNATURE/CREDENTIALS

\_\_\_\_\_  
DATE/TIME

\_\_\_\_\_  
ATTENDING PRINT NAME

\_\_\_\_\_  
SIGNATURE/CREDENTIALS

\_\_\_\_\_  
DATE/TIME

# Montefiore

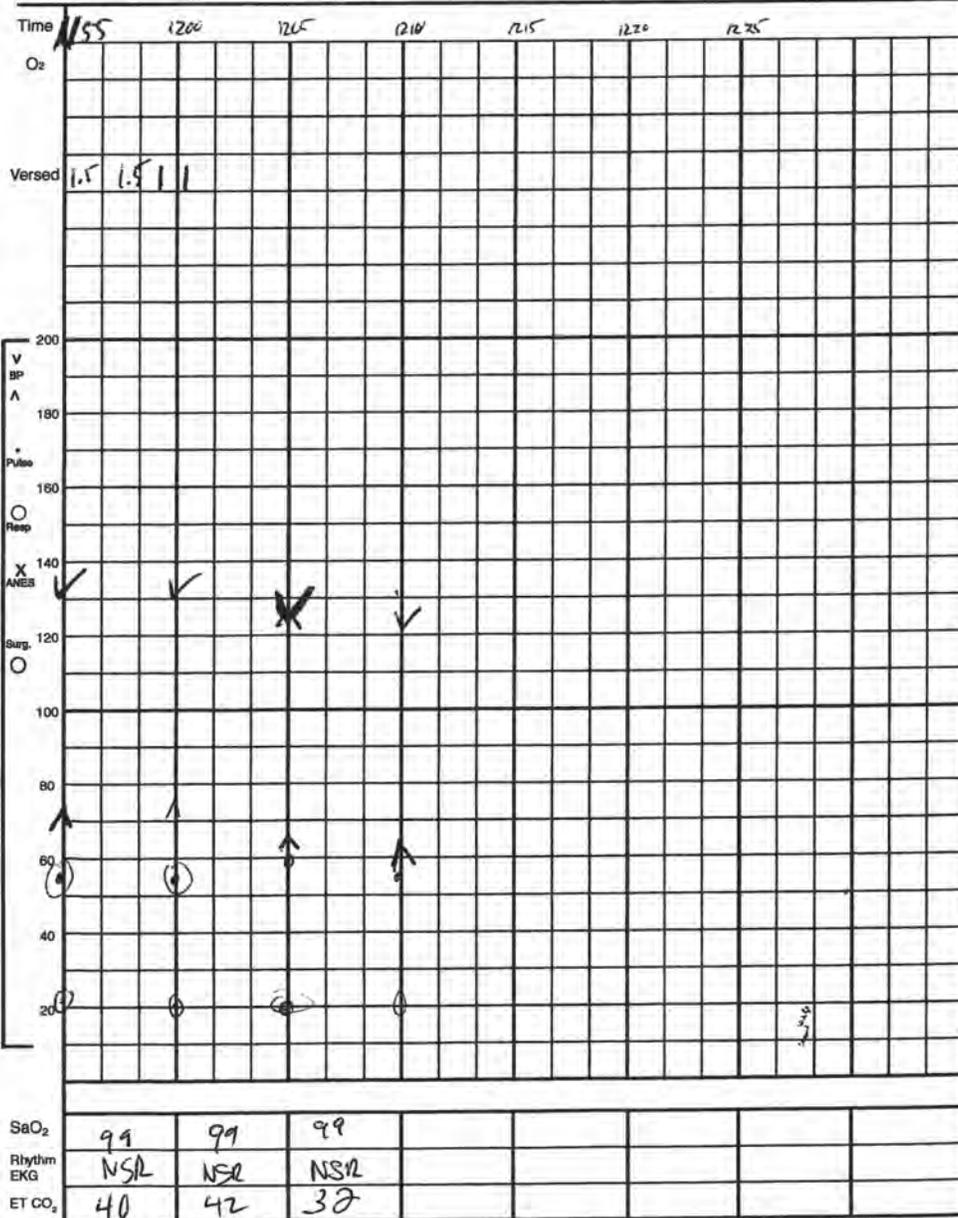
## DENTAL DEPARTMENT IV COURSE SEDATION RECORD



DATE: 11 Dec 2013 ROOM #: 15 Patient Information/Label  
 Pre-Procedure Vitals: B/P 122/63 Pulse: 72 Resp: 23 SaO<sub>2</sub>: 99 Weight: 160  
 Medical Hx: ∅

Meds: ∅ Allergies: NKA  
 P/E:  A&Ox3  Lungs: CTA  CV: NSR Last Oral Intake:  4-6 hrs  6-8 hrs 8:30pm  
 ASA:  I  II  III  IV  V  Consent Obtained  O<sub>2</sub>, Suction, Ambu/Bag, Code Cart, Antagonist Medication at chairside  
 Monitors: Pulse Oximetry  NIBP  ECG  Capnograph   
 Access: IV Size  20  22  24 Site:  R  L  Hand  Arm  A.C.F.  
 Agent:  O<sub>2</sub> (100 %)  N<sub>2</sub>O ( % )  Nasal Hood  Nasal Cannula 2L/min

Vital signs must be taken every 5 minutes



**TOTAL AGENTS**  
 VERSED 5 MG

**FLUIDS TOTAL IN**  
 NS 100 ML  
 DW5 \_\_\_\_\_ ML

**Pre Op Meds**  
 DECADRON \_\_\_\_\_ MG  
 CLINDAMYCIN \_\_\_\_\_ MG

**Post Op Meds:**  
 TORADOL \_\_\_\_\_ MG

**Procedure Performed:**  
Tooth cleaning with IV sedation

B. McHenry, B. McHenry  
 ANESTHESIOLOGIST PRINT NAME, ANESTHESIOLOGIST SIGNATURE/CREDENTIALS, DATE/TIME

J. Manwaring  
 OPERATOR DENTIST PRINT NAME, OPERATOR SIGNATURE/CREDENTIALS, DATE/TIME

**MONTEFIORE  
DENTAL DEPARTMENT IV COURSE SEDATION RECORD**

Patient Name: \_\_\_\_\_  
MR #: \_\_\_\_\_

POST PROCEDURE							
TIME	BP	P	R	SpO <sub>2</sub>	PAIN SCALE	ECG RHYTHM	DDS/RN SIGNATURE
12:10	124/62	56%	21	99	0	NSR	B. N. M. S.

**NURSE'S NOTE**  
 A to X3. tolerated treatment well. Temperature from sedation well. Post procedure instructions given. Patient discharge home as per Dr. Krant.

ALDRETE SCORE			
Activity	PRE SCORE	POST SCORE	
Able to move 4 extremities	2	2	
Able to move 2 extremities	1	1	
Able to move 0 extremities	0	0	
<b>Respiration</b>			
Able to breathe deeply and cough freely	2	2	
Dyspnea or limited breathing	1	1	
Apneic	0	0	
<b>Circulation</b>			
BP ± 20% of preanesthetic level	2	2	
BP ± 20-50% of preanesthetic level	1	1	
BP ± 50% of preanesthesia level	0	0	
<b>Consciousness</b>			
Fully awake	2	2	
Arousable on calling	1	1	
Not responding	0	0	
<b>Oxygenation</b>			
Able to maintain O <sub>2</sub> sat > 92% on room air	2	2	
Needs supplemental O <sub>2</sub> to maintain sat > 90%	1	1	
O <sub>2</sub> sat < 90%, even with supplemental O <sub>2</sub>	0	0	
<b>TOTAL</b>	<b>16</b>	<b>16</b>	
	Initials	Initials	

SCORE MUST BE AT LEAST 8-10 (or return to Baseline) FOR PATIENT'S RELEASE FROM THE PROCEDURE ROOM.

**DISCHARGE CRITERIA & PATIENT EDUCATION**

Vitals BP: 124/60 HR: 58 RR: 16 O2 Sat: 99%

Patient is alert, awake and oriented  Yes  No, If no explain \_\_\_\_\_

Minimal/absence of nausea or vomiting  Yes  No, If no explain \_\_\_\_\_

Tolerates PO intake  Yes  No, If no explain \_\_\_\_\_

Pain is well controlled  Yes  No, If no explain \_\_\_\_\_

Able to ambulate  Yes  No, If no explain \_\_\_\_\_

Written D/C instructions sheet and medication list given to patient  Yes  No, If no explain \_\_\_\_\_

Patient able to provide return demonstration or verbalize an understanding  Yes  No, If no explain \_\_\_\_\_

Responsible adult present to escort patient home  Yes  No Escort's Relationship to Pt: Friend

\_\_\_\_\_  
RN PRINT NAME

\_\_\_\_\_  
SIGNATURE/CREDENTIALS

\_\_\_\_\_  
DATE/TIME

\_\_\_\_\_  
ATTENDING PRINT NAME

\_\_\_\_\_  
SIGNATURE/CREDENTIALS

\_\_\_\_\_  
DATE/TIME

# Montefiore

## DENTAL DEPARTMENT IV COURSE SEDATION RECORD

DATE: 11 Dec 2013 ROOM #: 15

Pre-Procedure Vitals: B/P 133/88 Pulse: 52 Resp: 18 SaO<sub>2</sub>: 99 Weight: 200

Medical Hx: history of trauma in right leg 1 seizure/yr 20 pk yr smoker

Meds: Keppra Allergies: NKDA

P/E:  A&Ox3  Lungs: CTA  CV: NSR Last Oral Intake:  4-6 hrs  6-8 hrs 8-9pm

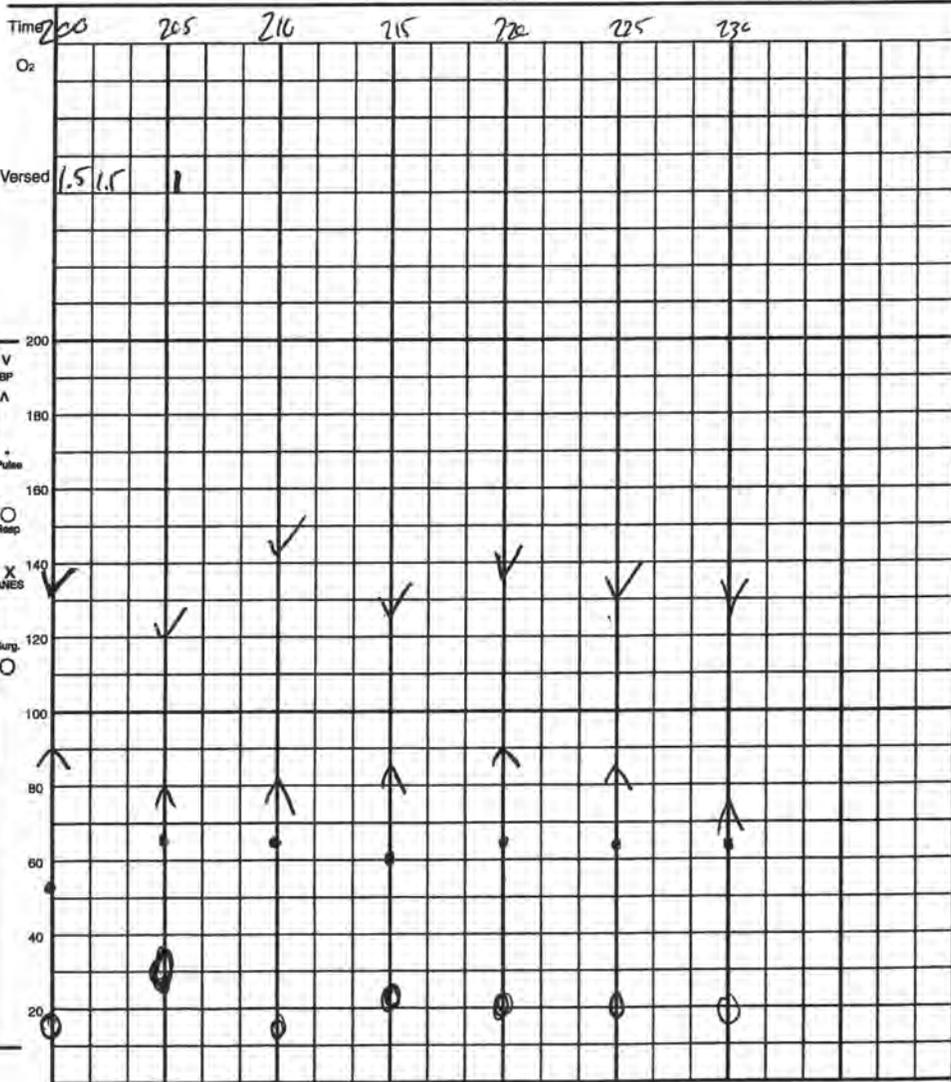
ASA:  I  II  III  IV  V  Consent Obtained  O<sub>2</sub>, Suction, Ambu/Bag, Code Cart, Antagonist Medication at chairside

Monitors: Pulse Oximetry  NIBP  ECG  Capnograph

Access: IV Size  20  22  24 Site:  R  L  Hand  Arm  A.C.F.

Agent:  O<sub>2</sub> (100%)  N<sub>2</sub>O ( % )  Nasal Hood  Nasal Cannula 3 L/min

Vital signs must be taken every 5 minutes



SaO <sub>2</sub>	99	99	99	99	99	99
Rhythm EKG	NSR	NSR	NSR	NSR	NSR	NSR
ET CO <sub>2</sub>	41	36	31	39	35	41

TOTAL AGENTS  
VERSED 4 MG

FLUIDS TOTAL IN  
NS 100 ML

Pre Op Meds  
DECADRON          MG  
CLINDAMYCIN          MG

Post Op Meds:  
TORADOL          MG

Procedure Performed:  
teeth cleaning

B. HAGARTY B Hagarty 12/10/2013  
ANESTHESIOLOGIST DENTIST PRINT NAME, ANESTHESIOLOGIST SIGNATURE/CREDENTIALS, DATE/TIME

J. MANWARING J Manwaring 12/10/2013  
OPERATOR DENTIST PRINT NAME, OPERATOR SIGNATURE/CREDENTIALS, DATE/TIME

**MONTEFIORE  
DENTAL DEPARTMENT IV COURSE SEDATION RECORD**

Patient Name: \_\_\_\_\_

MR #: \_\_\_\_\_

**POST PROCEDURE**

TIME	BP	P	R	SpO <sub>2</sub>	PAIN SCALE	ECG RHYTHM	DDS/RN SIGNATURE
2:30	126/83	66	24	99	0	NSR	B. N. M. S.

**NURSE'S NOTE**

*pts. noted, denies any pain, tolerated sedation, rest of instructions given. D/C home per Dr. Krause*

**ALDRETE SCORE**

Activity	PRE SCORE	POST SCORE
<b>Able to move 4 extremities</b>	2	2
<b>Able to move 2 extremities</b>	1	1
<b>Able to move 0 extremities</b>	0	0
<b>Respiration</b>		
<b>Able to breathe deeply and cough freely</b>	2	2
<b>Dyspnea or limited breathing</b>	1	1
<b>Apneic</b>	0	0
<b>Circulation</b>		
<b>BP ± 20% of preanesthetic level</b>	2	2
<b>BP ± 20-50% of preanesthetic level</b>	1	1
<b>BP ± 50% of preanesthesia level</b>	0	0
<b>Consciousness</b>		
<b>Fully awake</b>	2	2
<b>Arousable on calling</b>	1	1
<b>Not responding</b>	0	0
<b>Oxygenation</b>		
<b>Able to maintain O<sub>2</sub> sat &gt; 92% on room air</b>	2	2
<b>Needs supplemental O<sub>2</sub> to maintain sat &gt; 90%</b>	1	1
<b>O<sub>2</sub> sat &lt; 90%, even with supplemental O<sub>2</sub></b>	0	0
<b>TOTAL</b>	<b>10</b>	<b>10</b>

SCORE MUST BE AT LEAST 8-10 (or return to Baseline) FOR PATIENT'S RELEASE FROM THE PROCEDURE ROOM.

**DISCHARGE CRITERIA & PATIENT EDUCATION**

Vitals BP: 126/83 HR: 66 RR: 18 O<sub>2</sub> Sat: 99%

Patient is alert, awake and oriented  Yes  No, If no explain \_\_\_\_\_

Minimal/absence of nausea or vomiting  Yes  No, If no explain \_\_\_\_\_

Tolerates PO intake  Yes  No, If no explain \_\_\_\_\_

Pain is well controlled  Yes  No, If no explain \_\_\_\_\_

Able to ambulate  Yes  No, If no explain \_\_\_\_\_

Written D/C instructions sheet and medication list given to patient  Yes  No, If no explain \_\_\_\_\_

Patient able to provide return demonstration or verbalize an understanding  Yes  No, If no explain \_\_\_\_\_

Responsible adult present to escort patient home  Yes  No Escort's Relationship to Pt: Friend/teacher

\_\_\_\_\_  
RN PRINT NAME

\_\_\_\_\_  
SIGNATURE/CREDENTIALS

\_\_\_\_\_  
DATE/TIME

\_\_\_\_\_  
ATTENDING PRINT NAME

\_\_\_\_\_  
SIGNATURE/CREDENTIALS

\_\_\_\_\_  
DATE/TIME

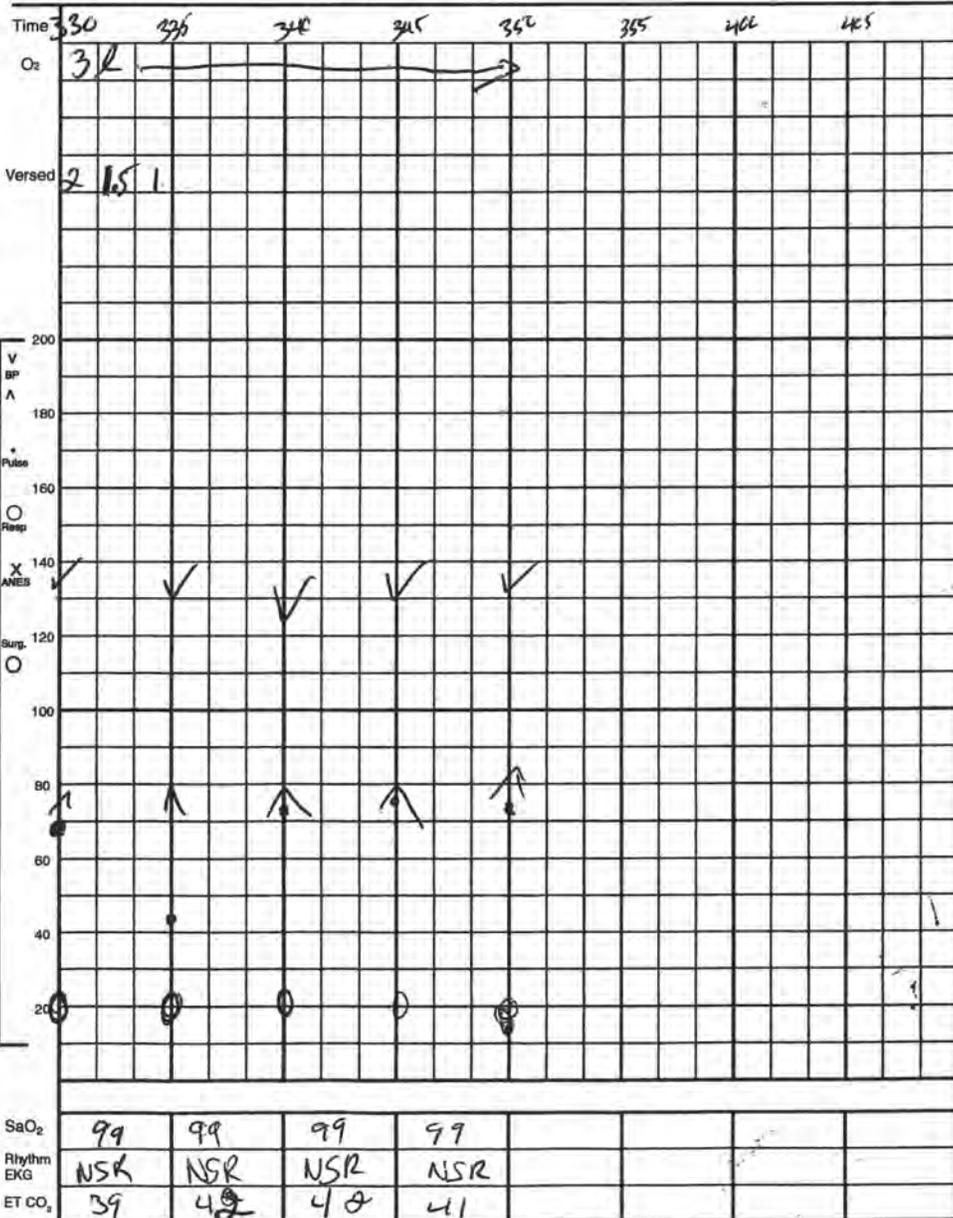
# Montefiore

## DENTAL DEPARTMENT IV COURSE SEDATION RECORD

DATE: 11 Dec 2013 ROOM #: 16 Patient Information/Label  
 Pre-Procedure Vitals: B/P 140/80 Pulse: 68 Resp: 19 SaO<sub>2</sub>: 99 Weight: 185  
 Medical Hx: back + shoulder injury

Meds: pain relief, antiemetic, back pain Allergies: NKDA  
 P/E:  A&Ox3  Lungs: CTA  CV: NSR Last Oral Intake:  4-6 hrs  6-8 hrs  
 ASA:  I  II  III  IV  V  Consent Obtained  O<sub>2</sub>, Suction, Ambu/Bag, Code Cart, Antagonist Medication at chairside  
 Monitors: Pulse Oximetry  NIBP  ECG  Capnograph   
 Access: IV Size  20  22  24 Site:  R  L  Hand  Arm  A.C.F.  
 Agent:  O<sub>2</sub> (100%)  N<sub>2</sub>O ( % )  Nasal Hood  Nasal Cannula 3L/min

Vital signs must be taken every 5 minutes



TOTAL AGENTS  
 VERSED 4.5 MG  
 FLUIDS TOTAL IN  
 NS 100 ML  
 DW5 \_\_\_\_\_ ML  
 Pre Op Meds  
 DECADRON \_\_\_\_\_ MG  
 CLINDAMYCIN \_\_\_\_\_ MG  
 Post Op Meds:  
 TORADOL \_\_\_\_\_ MG  
 Procedure Performed:  
tooth cleaning

B. AGARTY 12/11/13  
 ANESTHESIOLOGIST DENTIST PRINT NAME,  
 ANESTHESIOLOGIST SIGNATURE/CREDENTIALS, DATE/TIME  
J. MANWARING 12/11/13  
 OPERATOR DENTIST PRINT NAME,  
 OPERATOR SIGNATURE/CREDENTIALS, DATE/TIME

**MONTEFIORE  
DENTAL DEPARTMENT IV COURSE SEDATION RECORD**

Patient Name: \_\_\_\_\_

MR #: \_\_\_\_\_

POST PROCEDURE							
TIME	BP	P	R	SpO <sub>2</sub>	PAIN SCALE	ECG RHYTHM	DDS/RN SIGNATURE
3:50	131/84	62	21	99	- 0 -	NSR	<i>[Signature]</i>

**NURSE'S NOTE**  
*At 03. patient breathing well. Re-temperated from sedation well.  
 post procedure instructions given. patient discharge home as per Dr.  
 [Signature]*

ALDRETE SCORE		
Activity	PRE SCORE	POST SCORE
Able to move 4 extremities	2	2
Able to move 2 extremities	1	1
Able to move 0 extremities	0	0
<b>Respiration</b>		
Able to breathe deeply and cough freely	2	2
Dyspnea or limited breathing	1	1
Apneic	0	0
<b>Circulation</b>		
BP ± 20% of preanesthetic level	2	2
BP ± 20-50% of preanesthetic level	1	1
BP ± 50% of preanesthesia level	0	0
<b>Consciousness</b>		
Fully awake	2	2
Arousable on calling	1	1
Not responding	0	0
<b>Oxygenation</b>		
Able to maintain O <sub>2</sub> sat > 92% on room air	2	2
Needs supplemental O <sub>2</sub> to maintain sat > 90%	1	1
O <sub>2</sub> sat < 90%, even with supplemental O <sub>2</sub>	0	0
<b>TOTAL</b>	<b>10</b>	<b>10</b>
	<i>[Signature]</i> Initials	<i>[Signature]</i> Initials

SCORE MUST BE AT LEAST 8-10 (or return to Baseline) FOR PATIENT'S RELEASE FROM THE PROCEDURE ROOM.

**DISCHARGE CRITERIA & PATIENT EDUCATION**

Vitals      BP: 131/84    HR: 62    RR: 20    O<sub>2</sub> Sat: 99%

Patient is alert, awake and oriented       Yes     No, If no explain \_\_\_\_\_

Minimal/absence of nausea or vomiting       Yes     No, If no explain \_\_\_\_\_

Tolerates PO intake       Yes     No, If no explain \_\_\_\_\_

Pain is well controlled       Yes     No, If no explain \_\_\_\_\_

Able to ambulate       Yes     No, If no explain \_\_\_\_\_

Written D/C instructions sheet and medication list given to patient       Yes     No, If no explain \_\_\_\_\_

Patient able to provide return demonstration or verbalize an understanding       Yes     No, If no explain \_\_\_\_\_

Responsible adult present to escort patient home       Yes     No    Escort's Relationship to Pt: mother in law

\_\_\_\_\_  
RN/PRINT NAME

\_\_\_\_\_  
SIGNATURE/CREDENTIALS

\_\_\_\_\_  
DATE/TIME

\_\_\_\_\_  
ATTENDING PRINT NAME

\_\_\_\_\_  
SIGNATURE/CREDENTIALS

\_\_\_\_\_  
DATE/TIME

# Montefiore

## DENTAL DEPARTMENT IV COURSE SEDATION RECORD

DATE: 12 Dec 2013 ROOM #: 15

Patient Information/Label

Pre-Procedure Vitals: B/P 137/86 Pulse: 81 Resp: 16 SaO<sub>2</sub>: 99 Weight: 190

Medical Hx: ∅

Meds: ∅ Allergies: NKA

P/E:  A&Ox3  Lungs: CTA  CV: NSR Last Oral Intake:  4-6 hrs  6-8 hrs 9:30pm

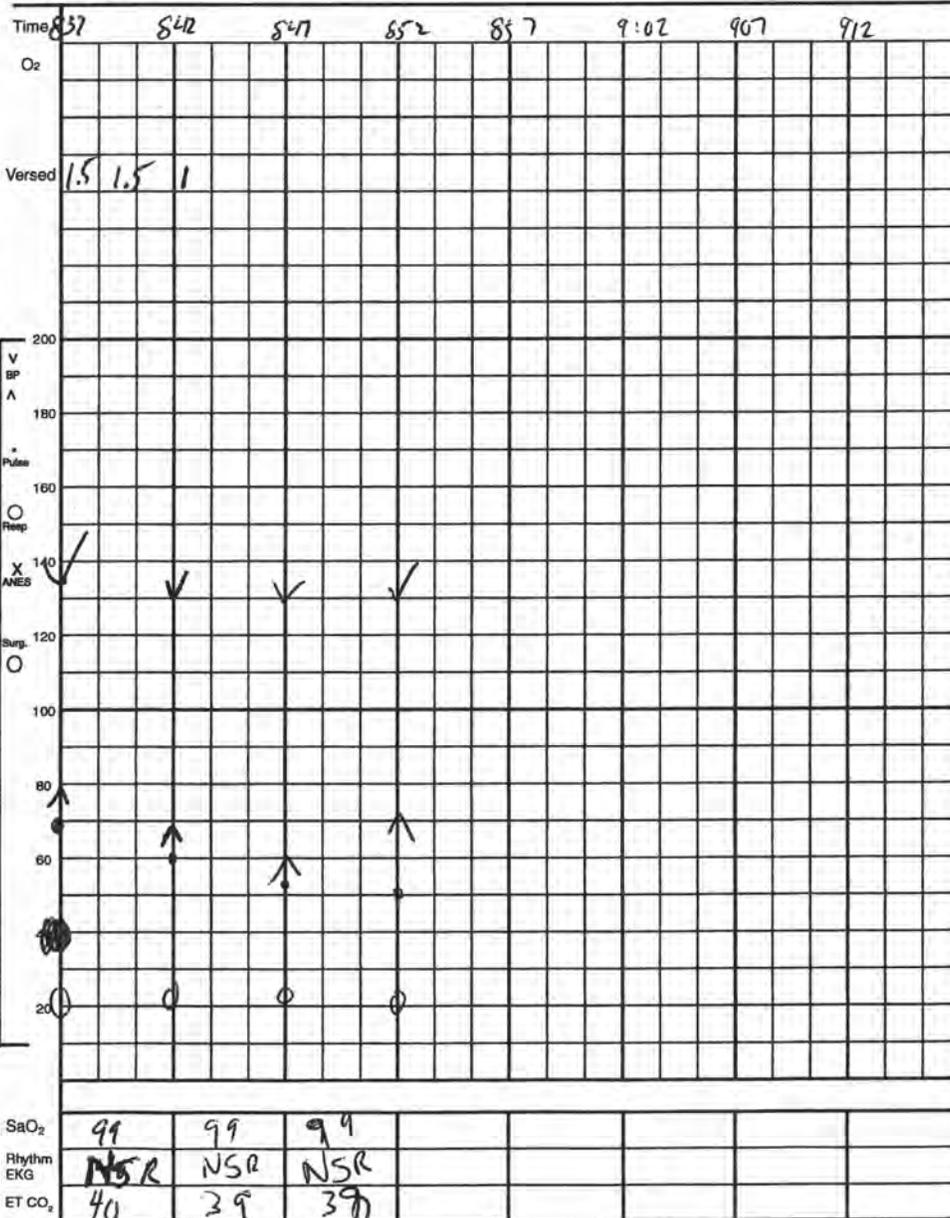
ASA:  I  II  III  IV  V  Consent Obtained  O<sub>2</sub>, Suction, Ambu/Bag, Code Cart, Antagonist Medication at chairside

Monitors: Pulse Oximetry  NIBP  ECG  Capnograph

Access: IV Size  20  22  24 Site:  R  L  Hand  Arm  A.C.F.

Agent:  O<sub>2</sub> (100%)  N<sub>2</sub>O ( % )  Nasal Hood  Nasal Cannula 3L/min

Vital signs must be taken every 5 minutes



TOTAL AGENTS  
VERSED 4 MG

FLUIDS TOTAL IN  
NS 100 ML

DW5 \_\_\_\_\_ ML

Pre Op Meds  
DECADRON \_\_\_\_\_ MG  
CLINDAMYCIN \_\_\_\_\_ MG

Post Op Meds:  
TORADOL \_\_\_\_\_ MG

Procedure Performed:  
Cleaned Teeth

B. HIGGINS / B. HIGGINS  
ANESTHESIOLOGIST PRINT NAME,  
ANESTHESIOLOGIST SIGNATURE/CREDENTIALS, DATE/TIME

J. MANWARING  
OPERATOR DENTIST PRINT NAME,  
OPERATOR SIGNATURE/CREDENTIALS, DATE/TIME

**MONTEFIORE  
DENTAL DEPARTMENT IV COURSE SEDATION RECORD**

Patient Name: \_\_\_\_\_

MR #: \_\_\_\_\_

POST PROCEDURE							
TIME	BP	P	R	SpO <sub>2</sub>	PAIN SCALE	ECG RHYTHM	DDS/RN SIGNATURE
856	128/70	63	17	99	0	NSR	B. [Signature]

**NURSE'S NOTE**

A to X3 Telerent treatment well. Reperated from sedation well.  
 Post procedure instructions given. Patient discharge home as per Dr. Krent

ALDRETE SCORE		
Activity	PRE SCORE	POST SCORE
<b>Activity</b> Able to move 4 extremities	2	2
Able to move 2 extremities	1	1
Able to move 0 extremities	0	0
<b>Respiration</b> Able to breathe deeply and cough freely	2	2
Dyspnea or limited breathing	1	1
Apneic	0	0
<b>Circulation</b> BP ± 20% of preanesthetic level	2	2
BP ± 20-50% of preanesthetic level	1	1
BP ± 50% of preanesthesia level	0	0
<b>Consciousness</b> Fully awake	2	2
Arousable on calling	1	1
Not responding	0	0
<b>Oxygenation</b> Able to maintain O <sub>2</sub> sat > 92% on room air	2	2
Needs supplemental O <sub>2</sub> to maintain sat > 90%	1	1
O <sub>2</sub> sat < 90%, even with supplemental O <sub>2</sub>	0	0
<b>TOTAL</b>	10	10
	[Signature] Initials	[Signature] Initials

SCORE MUST BE AT LEAST 8-10 (or return to Baseline) FOR PATIENT'S RELEASE FROM THE PROCEDURE ROOM.

**DISCHARGE CRITERIA & PATIENT EDUCATION**

Vitals BP: 128/70 HR: 63 RR: 17 O2 Sat: 99%

Patient is alert, awake and oriented  Yes  No, If no explain \_\_\_\_\_

Minimal/absence of nausea or vomiting  Yes  No, If no explain \_\_\_\_\_

Tolerates PO intake  Yes  No, If no explain \_\_\_\_\_

Pain is well controlled  Yes  No, If no explain \_\_\_\_\_

Able to ambulate  Yes  No, If no explain \_\_\_\_\_

Written D/C instructions sheet and medication list given to patient  Yes  No, If no explain \_\_\_\_\_

Patient able to provide return demonstration or verbalize an understanding  Yes  No, If no explain \_\_\_\_\_

Responsible adult present to escort patient home  Yes  No Escort's Relationship to Pt: ex-mother in law

\_\_\_\_\_  
RN PRINT NAME

\_\_\_\_\_  
SIGNATURE/CREDENTIALS

\_\_\_\_\_  
DATE/TIME

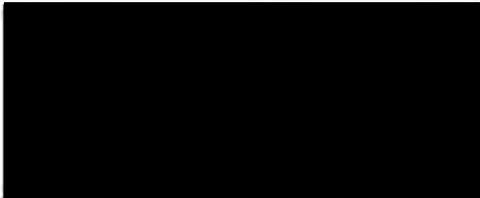
\_\_\_\_\_  
ATTENDING PRINT NAME

\_\_\_\_\_  
SIGNATURE/CREDENTIALS

\_\_\_\_\_  
DATE/TIME

# Montefiore

## DENTAL DEPARTMENT IV COURSE SEDATION RECORD



DATE: 12 Dec 2013 ROOM #: 15 Patient Information/Label  
 Pre-Procedure Vitals: B/P 145/97 Pulse: 64 Resp: 16 SaO<sub>2</sub>: 99 Weight: 156  
 Medical Hx: ♀

Meds: ♀ Allergies: NKDA

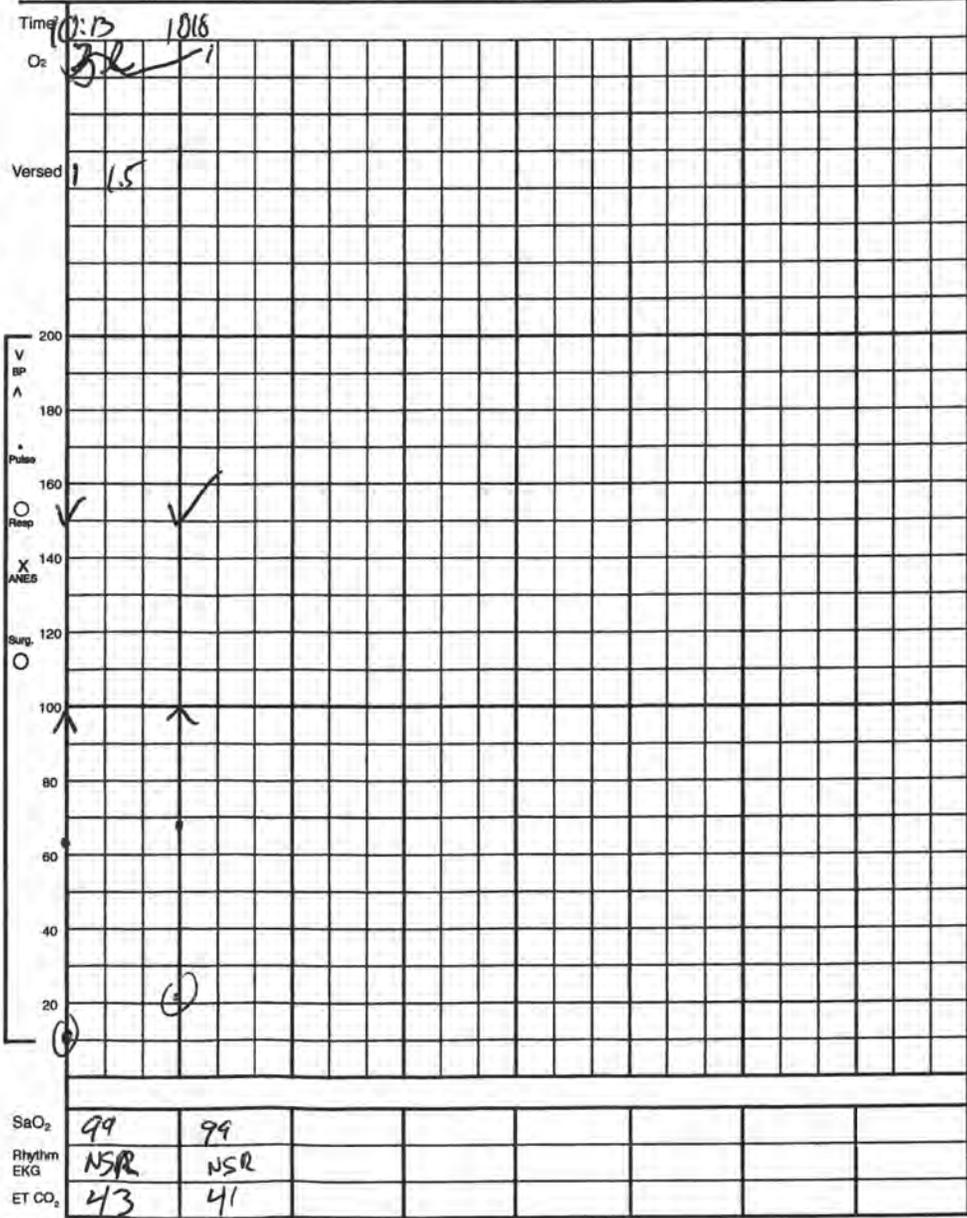
P/E:  A&Ox3  Lungs: CTA  CV: NSR Last Oral Intake:  4-6 hrs  6-8 hrs  
 ASA:  I  II  III  IV  V  Consent Obtained  O<sub>2</sub>, Suction, Ambu/Bag, Code Cart, Antagonist Medication at chairside

Monitors: Pulse Oximetry  NIBP  ECG  Capnograph

Access: IV Size  20  22  24 Site:  R  L  Hand  Arm  A.C.F.

Agent:  O<sub>2</sub> (100%)  N<sub>2</sub>O ( % )  Nasal Hood  Nasal Cannula 3L/min

Vital signs must be taken every 5 minutes



TOTAL AGENTS	
VERSED	<u>2.5</u> MG

FLUIDS TOTAL IN	
NS	<u>150</u> ML
DW5	

Pre Op Meds	
DECADRON	
CLINDAMYCIN	

Post Op Meds:	
TORADOL	

Procedure Performed:  
cleaning of teeth

B. HAGARTY, B. NY  
 ANESTHESIOLOGIST DENTIST PRINT NAME,  
 ANESTHESIOLOGIST SIGNATURE/CREDENTIALS, DATE/TIME  
10/20/13  
J. MANWARING  
 OPERATOR DENTIST PRINT NAME,  
 OPERATOR SIGNATURE/CREDENTIALS, DATE/TIME  
12/12/13  
10/20/13

**MONTEFIORE  
DENTAL DEPARTMENT IV COURSE SEDATION RECORD**

Patient Name: \_\_\_\_\_

MR #: \_\_\_\_\_

**POST PROCEDURE**

TIME	BP	P	R	SpO <sub>2</sub>	PAIN SCALE	ECG RHYTHM	DDS/RN SIGNATURE
1022	141/79	65	17	99	0	NSR	B. A. G.

**NURSE'S NOTE**

#10 x3. Tolerates treatment well. Temperature from sedation well. Post procedure instructions given. Patient discharge home as per Dr. Grant

**ALDRETE SCORE**

Activity	PRE SCORE	POST SCORE
<b>Activity</b> Able to move 4 extremities Able to move 2 extremities Able to move 0 extremities	2 0	2 0
<b>Respiration</b> Able to breathe deeply and cough freely Dyspnea or limited breathing Apneic	2 0	2 0
<b>Circulation</b> BP ± 20% of preanesthetic level BP ± 20-50% of preanesthetic level BP ± 50% of preanesthesia level	2 0	2 0
<b>Consciousness</b> Fully awake Arousable on calling Not responding	2 0	2 0
<b>Oxygenation</b> Able to maintain O <sub>2</sub> sat > 92% on room air Needs supplemental O <sub>2</sub> to maintain sat > 90% O <sub>2</sub> sat < 90%, even with supplemental O <sub>2</sub>	2 0	2 0
<b>TOTAL</b>	10	10
	(B.A.G.) Initials	Y.G. Initials

SCORE MUST BE AT LEAST 8-10 (or return to Baseline) FOR PATIENT'S RELEASE FROM THE PROCEDURE ROOM.

**DISCHARGE CRITERIA & PATIENT EDUCATION**

Vitals BP: 141/79 HR: 65 RR: 17 O2 Sat: 99%

Patient is alert, awake and oriented  Yes  No, If no explain \_\_\_\_\_

Minimal/absence of nausea or vomiting  Yes  No, If no explain \_\_\_\_\_

Tolerates PO intake  Yes  No, If no explain \_\_\_\_\_

Pain is well controlled  Yes  No, If no explain \_\_\_\_\_

Able to ambulate  Yes  No, If no explain \_\_\_\_\_

Written D/C instructions sheet and medication list given to patient  Yes  No, If no explain \_\_\_\_\_

Patient able to provide return demonstration or verbalize an understanding  Yes  No, If no explain \_\_\_\_\_

Responsible adult present to escort patient home  Yes  No Escort's Relationship to Pt: Friend (amiga)

Y.G.  
RN PRINT NAME

Y. Grant Rn  
SIGNATURE/CREDENTIALS

12/12/13  
DATE/TIME

ATTENDING PRINT NAME

SIGNATURE/CREDENTIALS

DATE/TIME

# Montefiore

## DENTAL DEPARTMENT IV COURSE SEDATION RECORD

DATE: 12 Dec 2017 ROOM #: 15

Patient Information/Label

Pre-Procedure Vitals: B/P 131/76 Pulse: 57 Resp: 11 SaO<sub>2</sub>: 97 Weight: 180

Medical Hx: 13yr pack history smoker

Meds: Ø Allergies: PEANUT

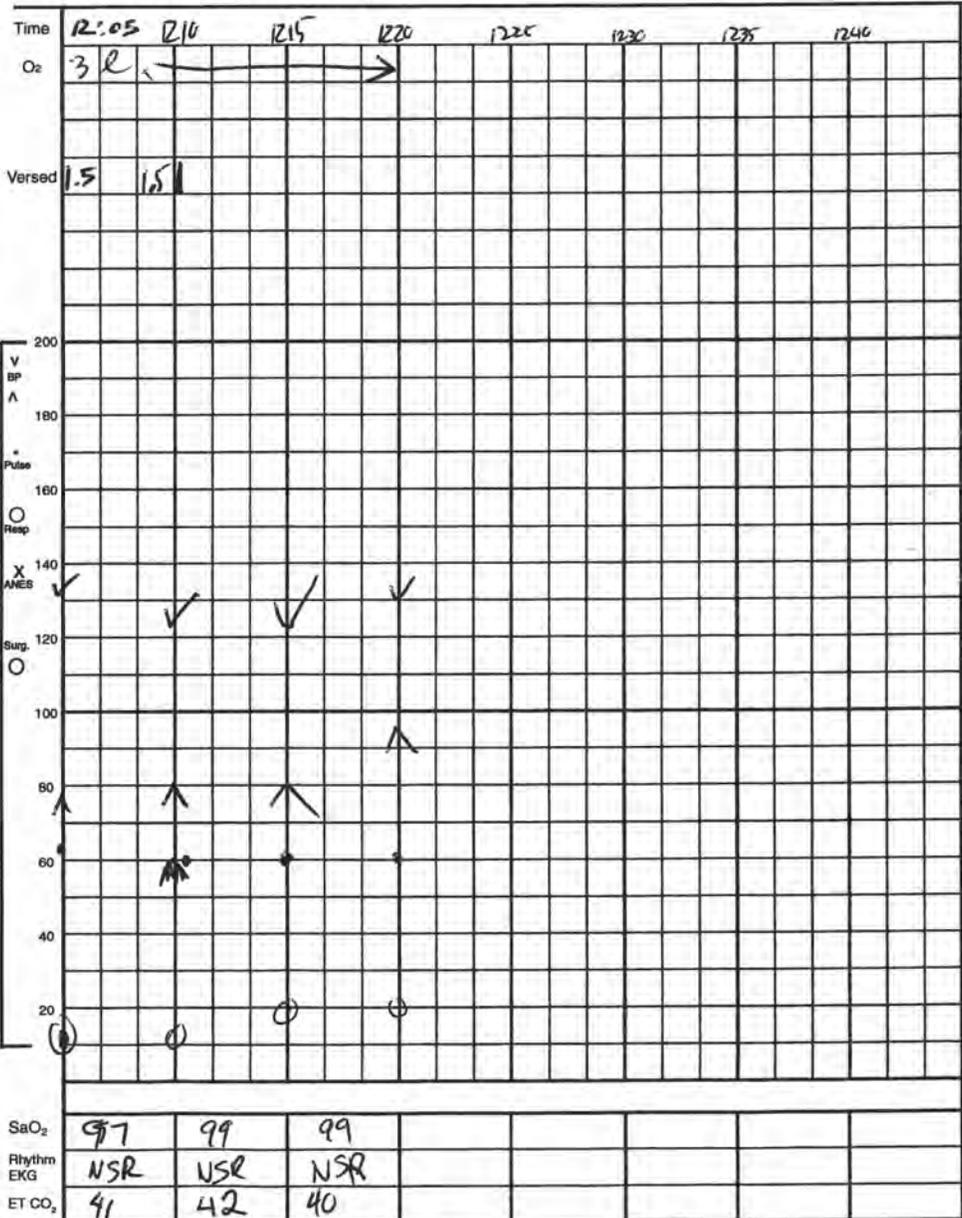
P/E:  A&Ox3  Lungs: CTA  CV: NSR Last Oral Intake:  4-6 hrs  6-8 hrs  
 ASA:  I  II  III  IV  V  Consent Obtained  O<sub>2</sub>, Suction, Ambu/Bag, Code Cart, Antagonist Medication at chairside

Monitors: Pulse Oximetry  NIBP  ECG  Capnograph

Access: IV Size  20  22  24 Site:  R  L  Hand  Arm  A.C.F.

Agent:  O<sub>2</sub> (100%)  N<sub>2</sub>O ( % )  Nasal Hood  Nasal Cannula 3L/min

Vital signs must be taken every 5 minutes



TOTAL AGENTS  
 VERSED 4 MG

FLUIDS TOTAL IN  
 NS 50 ML

Pre Op Meds  
 DECADRON          MG  
 CLINDAMYCIN          MG

Post Op Meds:  
 TORADOL          MG

Procedure Performed:  
tooth cleaning

B. AGARTY B. ALI  
 ANESTHESIOLOGIST DENTIST PRINT NAME  
 ANESTHESIOLOGIST SIGNATURE/CREDENTIALS, DATE/TIME

J. MANWARING  
 OPERATOR DENTIST PRINT NAME  
 OPERATOR SIGNATURE/CREDENTIALS, DATE/TIME

**MONTEFIORE  
DENTAL DEPARTMENT IV COURSE SEDATION RECORD**

Patient Name: \_\_\_\_\_

MR #: \_\_\_\_\_

POST PROCEDURE							
TIME	BP	P	R	SpO <sub>2</sub>	PAIN SCALE	ECG RHYTHM	DDS/RN SIGNATURE
1224	145/97	63	17	99	9	NSR	<i>[Signature]</i>

**NURSE'S NOTE**

Tolerated sedation well. APOXIS, ambulatory. No D/C  
 part of instruction given. D/C home per Dr. Krout &  
 escort ✓

ALDRETE SCORE		
Activity	PRE SCORE	POST SCORE
Able to move 4 extremities	2	2
Able to move 2 extremities	1	1
Able to move 0 extremities	0	0
<b>Respiration</b>		
Able to breathe deeply and cough freely	2	2
Dyspnea or limited breathing	1	1
Apneic	0	0
<b>Circulation</b>		
BP ± 20% of preanesthetic level	2	2
BP ± 20-50% of preanesthetic level	1	1
BP ± 50% of preanesthesia level	0	0
<b>Consciousness</b>		
Fully awake	2	2
Arousable on calling	1	1
Not responding	0	0
<b>Oxygenation</b>		
Able to maintain O <sub>2</sub> sat > 92% on room air	2	2
Needs supplemental O <sub>2</sub> to maintain sat > 90%	1	1
O <sub>2</sub> sat < 90%, even with supplemental O <sub>2</sub>	0	0
<b>TOTAL</b>	<b>10</b>	<b>8</b>
	<i>[Signature]</i>	<i>[Signature]</i>
	Initials	Initials

SCORE MUST BE AT LEAST 8-10 (or return to Baseline) FOR PATIENT'S RELEASE FROM THE PROCEDURE ROOM.

**DISCHARGE CRITERIA & PATIENT EDUCATION**

Vitals      BP: 145/97    HR: 63    RR: 17    O<sub>2</sub> Sat: 99%

Patient is alert, awake and oriented       Yes     No, If no explain \_\_\_\_\_

Minimal/absence of nausea or vomiting       Yes     No, If no explain \_\_\_\_\_

Tolerates PO intake       Yes     No, If no explain \_\_\_\_\_

Pain is well controlled       Yes     No, If no explain \_\_\_\_\_

Able to ambulate       Yes     No, If no explain \_\_\_\_\_

Written D/C instructions sheet and medication list given to patient       Yes     No, If no explain \_\_\_\_\_

Patient able to provide return demonstration or verbalize an understanding       Yes     No, If no explain \_\_\_\_\_

Responsible adult present to escort patient home       Yes     No    Escort's Relationship to Pt: garlfmit

*[Signature]*      \_\_\_\_\_      5/12/13  
 RN PRINT NAME      SIGNATURE/CREDENTIALS      DATE/TIME

\_\_\_\_\_  
 ATTENDING PRINT NAME      SIGNATURE/CREDENTIALS      DATE/TIME

# Montefiore

## DENTAL DEPARTMENT IV COURSE SEDATION RECORD

DATE: 12-12-13 ROOM #: 15

Pre-Procedure Vitals: B/P 178/105 Pulse: 90 Resp: 24 SaO<sub>2</sub>: 98 Weight: 245

Medical Hx: HTN

Meds: HTN MED ... STATIN Allergies: NILDA

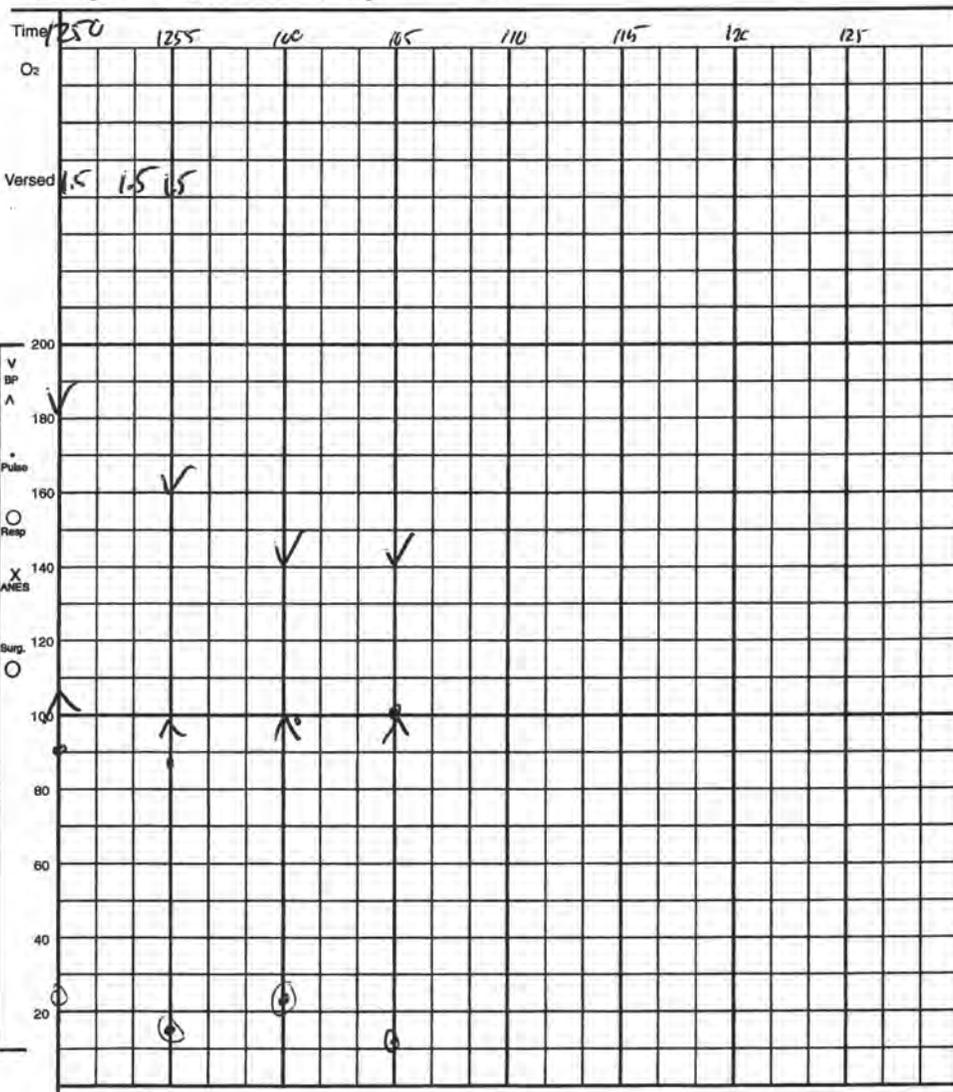
P/E:  A&Ox3  Lungs: CTA  CV: NSR Last Oral Intake:  4-6 hrs  6-8 hrs  
 ASA:  I  II  III  IV  V  Consent Obtained  O<sub>2</sub>, Suction, Ambu/Bag, Code Cart, Antagonist Medication at chairside

Monitors: Pulse Oximetry  NIBP  ECG  Capnograph

Access: IV Size  20  22  24 Site:  R  L  Hand  Arm  A.C.F.

Agent:  O<sub>2</sub> (100%)  N<sub>2</sub>O ( % )  Nasal Hood  Nasal Cannula 3L/min

Vital signs must be taken every 5 minutes



SaO <sub>2</sub>	96	98	96				
Rhythm EKG	NSR	NSR	NSR				
ET CO <sub>2</sub>	40	37	37				

TOTAL AGENTS  
 VERSED 4.5 MG

FLUIDS TOTAL IN  
 NS 100 ML

DW5 \_\_\_\_\_ ML

Pre Op Meds  
 DECADRON \_\_\_\_\_ MG  
 CLINDAMYCIN \_\_\_\_\_ MG

Post Op Meds:  
 TORADOL \_\_\_\_\_ MG

Procedure Performed:  
PNOPHY / IV SEDATION

B. Hagan  
 ANESTHESIOLOGIST/ DENTIST PRINT NAME,  
 ANESTHESIOLOGIST/SIGNATURE/CREDENTIALS, DATE/TIME

J. Masumura  
 OPERATOR DENTIST PRINT NAME,  
 OPERATOR SIGNATURE/CREDENTIALS, DATE/TIME

**MONTEFIORE  
DENTAL DEPARTMENT IV COURSE SEDATION RECORD**

Patient Name: \_\_\_\_\_

MR #: \_\_\_\_\_

**POST PROCEDURE**

TIME	BP	P	R	SpO <sub>2</sub>	PAIN SCALE	ECG RHYTHM	DDS/RN SIGNATURE
105	139/97	94	R	98	0	NSR	B. Nig

**NURSE'S NOTE**

pt. denied discomfort, IV sedation tolerated well, vitals  
 prox. met of circulation given. Dis home per  
 Dr. Kraft of escort of

**ALDRETE SCORE**

Activity	PRE SCORE	POST SCORE
Able to move 4 extremities	2	2
Able to move 2 extremities	0	0
Able to move 0 extremities	0	0
<b>Respiration</b>		
Able to breathe deeply and cough freely	2	2
Dyspnea or limited breathing	1	1
Apneic	0	0
<b>Circulation</b>		
BP ± 20% of preanesthetic level	2	2
BP ± 20-50% of preanesthetic level	1	1
BP ± 50% of preanesthesia level	0	0
<b>Consciousness</b>		
Fully awake	2	2
Arousable on calling	1	1
Not responding	0	0
<b>Oxygenation</b>		
Able to maintain O <sub>2</sub> sat > 92% on room air	2	2
Needs supplemental O <sub>2</sub> to maintain sat > 90%	1	1
O <sub>2</sub> sat < 90%, even with supplemental O <sub>2</sub>	0	0
<b>TOTAL</b>	<b>10</b>	<b>10</b>

Initials *[Signature]*

Initials *[Signature]*

SCORE MUST BE AT LEAST 8-10 (or return to Baseline) FOR PATIENT'S RELEASE FROM THE PROCEDURE ROOM.

**DISCHARGE CRITERIA & PATIENT EDUCATION**

Vitals	BP: 139/97	HR: 94	RR: 19	O <sub>2</sub> Sat: 98
Patient is alert, awake and oriented	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No, If no explain _____		
Minimal/absence of nausea or vomiting	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No, If no explain _____		
Tolerates PO intake	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No, If no explain _____		
Pain is well controlled	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No, If no explain _____		
Able to ambulate	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No, If no explain _____		
Written D/C instructions sheet and medication list given to patient	<input type="checkbox"/> Yes	<input type="checkbox"/> No, If no explain _____		
Patient able to provide return demonstration or verbalize an understanding	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No, If no explain _____		
Responsible adult present to escort patient home	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No Escort's Relationship to Pt: <u>son</u>		

*[Signature]*  
RN PRINT NAME

*[Signature]*  
SIGNATURE/CREDENTIALS

12/12/13  
DATE/TIME

ATTENDING PRINT NAME

SIGNATURE/CREDENTIALS

DATE/TIME

# Montefiore

## DENTAL DEPARTMENT IV COURSE SEDATION RECORD

DATE: 12 Dec 2013 ROOM #: 15

Patient Information/Label

Pre-Procedure Vitals: B/P 120/82 Pulse: 67 Resp: 19 SaO<sub>2</sub>: 98 Weight: 115 lbs

Medical Hx: φ

Meds: φ Allergies: NKTA

P/E:  A&Ox3  Lungs: CTA  CV: NSR Last Oral Intake:  4-6 hrs  6-8 hrs

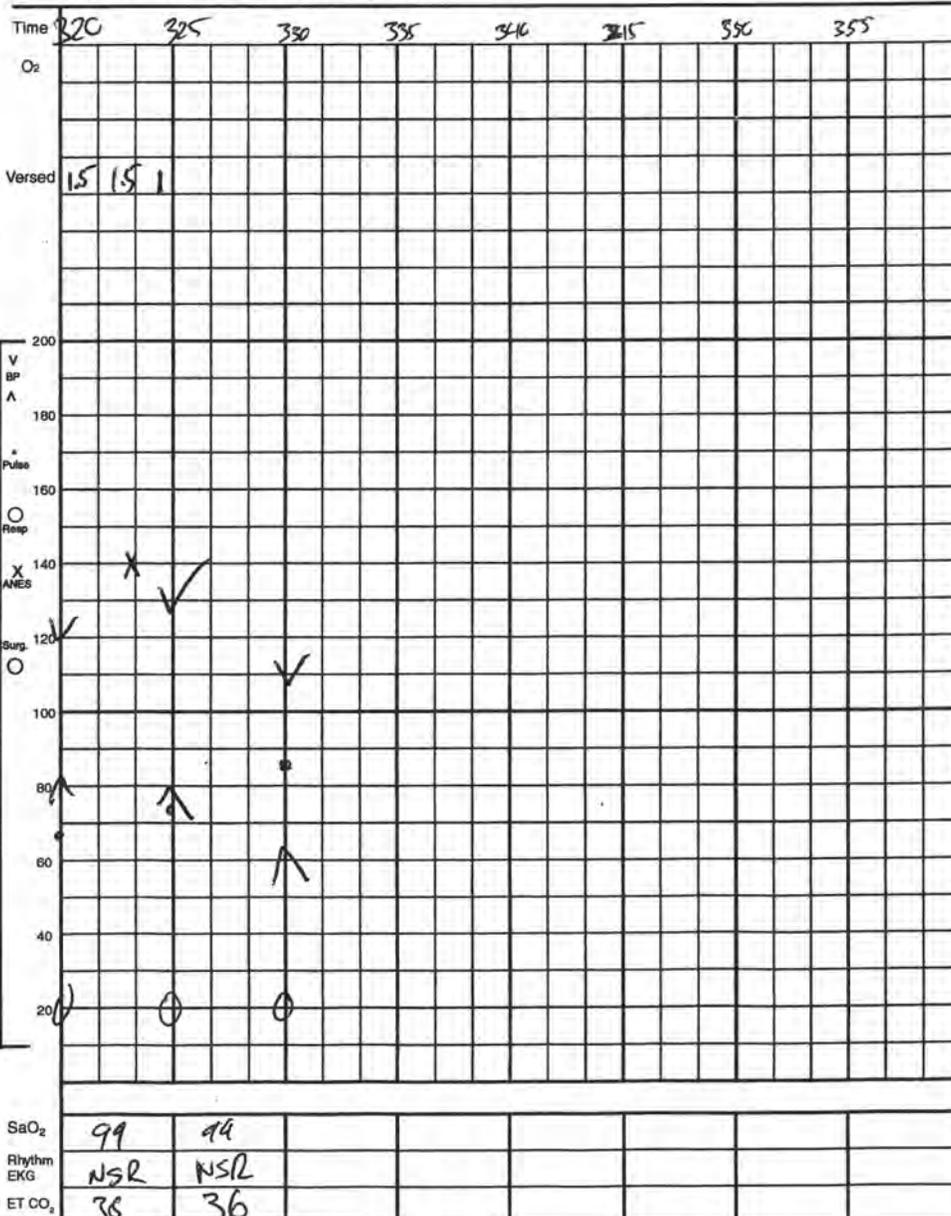
ASA:  I  II  III  IV  V  Consent Obtained  O<sub>2</sub>, Suction, Ambu/Bag, Code Cart, Antagonist Medication at chairside

Monitors: Pulse Oximetry  NIBP  ECG  Capnograph

Access: IV Size  20  22  24 Site:  R  L  Hand  Arm  A.C.F.

Agent:  O<sub>2</sub> (100%)  N<sub>2</sub>O ( % )  Nasal Hood  Nasal Cannula 2L/min

Vital signs must be taken every 5 minutes



TOTAL AGENTS 4 MG  
VERSED

FLUIDS TOTAL IN  
NS 100 ML

DW5 ML

Pre Op Meds  
DECADRON MG  
CLINDAMYCIN MG

Post Op Meds:  
TORADOL MG

Procedure Performed:  
EXTRACTION #4  
IN SEDATION

B. HAGERTY / BMD  
ANESTHESIOLOGIST DENTIST PRINT NAME,  
ANESTHESIOLOGIST SIGNATURE/CREDENTIALS, DATE/TIME

J. MANWARING 12/13  
OPERATOR DENTIST PRINT NAME,  
OPERATOR SIGNATURE/CREDENTIALS, DATE/TIME

**MONTEFIORE  
DENTAL DEPARTMENT IV COURSE SEDATION RECORD**

Patient Name: \_\_\_\_\_  
MR #: \_\_\_\_\_

POST PROCEDURE							
TIME	BP	P	R	SpO <sub>2</sub>	PAIN SCALE	ECG RHYTHM	DDS/RN SIGNATURE
3:30	106/64	88	24	99	0	NSR	B. Gray

**NURSE'S NOTE**  
Tolerated IV sedation. Extraction site no active bleeding noted. V/S, HR x3. post instruction given. D/C home per Dr. Kraut's request.

ALDRETE SCORE		
Activity	PRE SCORE	POST SCORE
Able to move 4 extremities	2	2
Able to move 2 extremities	1	0
Able to move 0 extremities	0	0
<b>Respiration</b>		
Able to breathe deeply and cough freely	2	2
Dyspnea or limited breathing	1	0
Apneic	0	0
<b>Circulation</b>		
BP ± 20% of preanesthetic level	2	2
BP ± 20-50% of preanesthetic level	1	0
BP ± 50% of preanesthesia level	0	0
<b>Consciousness</b>		
Fully awake	2	2
Arousable on calling	1	0
Not responding	0	0
<b>Oxygenation</b>		
Able to maintain O <sub>2</sub> sat > 92% on room air	2	2
Needs supplemental O <sub>2</sub> to maintain sat > 90%	1	0
O <sub>2</sub> sat < 90%, even with supplemental O <sub>2</sub>	0	0
<b>TOTAL</b>	<b>16</b>	<b>10</b>
	Initials: <u>B. Gray</u>	Initials: <u>W. S.</u>

SCORE MUST BE AT LEAST 8-10 (or return to Baseline) FOR PATIENT'S RELEASE FROM THE PROCEDURE ROOM.

**DISCHARGE CRITERIA & PATIENT EDUCATION**

Vitals      BP: 104/64    HR: 88      RR: 24      O2 Sat: 99%

Patient is alert, awake and oriented       Yes     No, If no explain \_\_\_\_\_

Minimal/absence of nausea or vomiting       Yes     No, If no explain \_\_\_\_\_

Tolerates PO intake       Yes     No, If no explain \_\_\_\_\_

Pain is well controlled       Yes     No, If no explain \_\_\_\_\_

Able to ambulate       Yes     No, If no explain \_\_\_\_\_

Written D/C instructions sheet and medication list given to patient       Yes     No, If no explain \_\_\_\_\_

Patient able to provide return demonstration or verbalize an understanding       Yes     No, If no explain \_\_\_\_\_

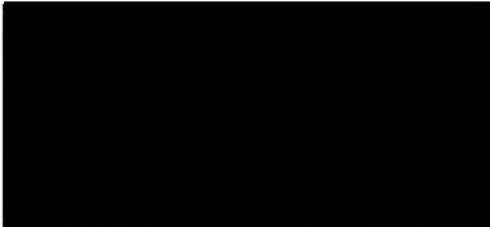
Responsible adult present to escort patient home       Yes     No    Escort's Relationship to Pt: friend

B. Gray      \_\_\_\_\_      12/12/13  
RN PRINT NAME      SIGNATURE/CREDENTIALS      DATE/TIME

\_\_\_\_\_  
ATTENDING PRINT NAME      SIGNATURE/CREDENTIALS      DATE/TIME

# Montefiore

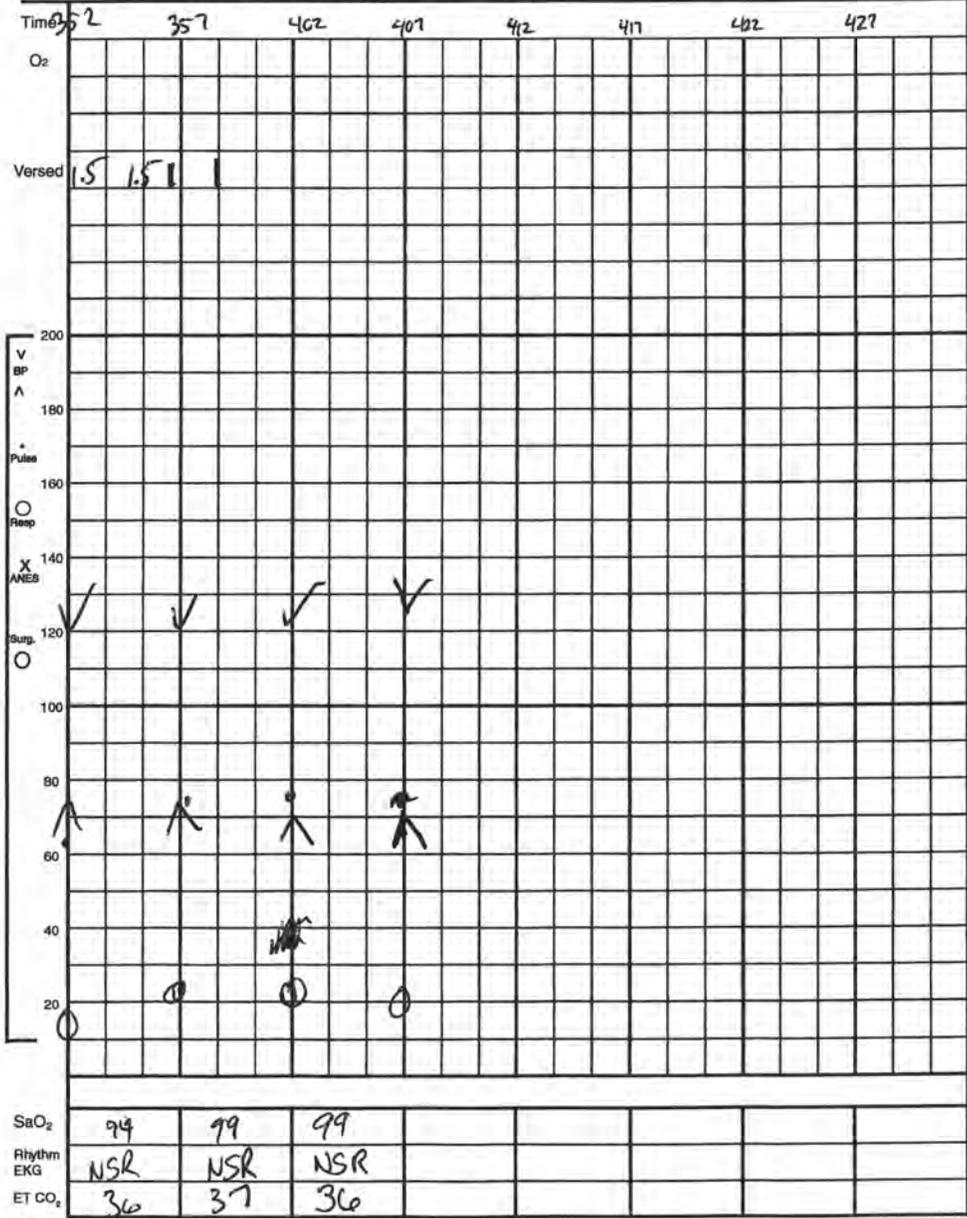
## DENTAL DEPARTMENT IV COURSE SEDATION RECORD



DATE: 12 Dec 2013 ROOM #: 15 Patient Information/Label  
 Pre-Procedure Vitals: B/P 119/74 Pulse: 75 Resp: 18 SaO<sub>2</sub>: 98 Weight: 145  
 Medical Hx: Ø

Meds: Ø Allergies: NKDA  
 P/E:  A&Ox3  Lungs: CTA  CV: NSR Last Oral Intake:  4-6 hrs  6-8 hrs 8:00am  
 ASA:  I  II  III  IV  V  Consent Obtained  O<sub>2</sub>, Suction, Ambu/Bag, Code Cart, Antagonist Medication at chairside  
 Monitors: Pulse Oximetry  NIBP  ECG  Capnograph   
 Access: IV Size  20  22  24 Site:  R  L  Hand  Arm  A.C.F.  
 Agent:  O<sub>2</sub> (100%)  N<sub>2</sub>O ( % )  Nasal Hood  Nasal Cannula 2

Vital signs must be taken every 5 minutes



TOTAL AGENTS  
 VERSED 5 MG

FLUIDS TOTAL IN  
 NS 75 ML

DW5 ML

Pre Op Meds  
 DECADRON MG  
 CLINDAMYCIN MG

Post Op Meds:  
 TORADOL MG

Procedure Performed:  
tooth cleaning

B. HEARTY B. M.D.  
 ANESTHESIOLOGIST DENTIST PRINT NAME,  
 ANESTHESIOLOGIST SIGNATURE/CREDENTIALS, DATE/TIME

J. MANWARING 1/12/12  
 OPERATOR DENTIST PRINT NAME,  
 OPERATOR SIGNATURE/CREDENTIALS, DATE/TIME

**MONTEFIORE  
DENTAL DEPARTMENT IV COURSE SEDATION RECORD**

Patient Name: \_\_\_\_\_  
MR #: \_\_\_\_\_

POST PROCEDURE							
TIME	BP	P	R	SpO <sub>2</sub>	PAIN SCALE	ECG RHYTHM	DDS/RN SIGNATURE
4:08	126/71	75	22	99	0	NSR	B. Nly

**NURSE'S NOTE**  
 A-to x 3. Tolerate treatment well. Reperative from sedation well.  
 post procedure instructions given. Patient discharge home as per Dr. Krawt

ALDRETE SCORE			
Activity	PRE SCORE	POST SCORE	
Able to move 4 extremities	2	2	
Able to move 2 extremities	1	1	
Able to move 0 extremities	0	0	
<b>Respiration</b>			
Able to breathe deeply and cough freely	2	2	
Dyspnea or limited breathing	1	1	
Apneic	0	0	
<b>Circulation</b>			
BP ± 20% of preanesthetic level	2	2	
BP ± 20-50% of preanesthetic level	1	1	
BP ± 50% of preanesthesia level	0	0	
<b>Consciousness</b>			
Fully awake	2	2	
Arousable on calling	1	1	
Not responding	0	0	
<b>Oxygenation</b>			
Able to maintain O <sub>2</sub> sat > 92% on room air	2	2	
Needs supplemental O <sub>2</sub> to maintain sat > 90%	1	1	
O <sub>2</sub> sat < 90%, even with supplemental O <sub>2</sub>	0	0	
<b>TOTAL</b>	<b>10</b>	<b>10</b>	
	BNS	VP	Initials

SCORE MUST BE AT LEAST 8-10 (or return to Baseline) FOR PATIENT'S RELEASE FROM THE PROCEDURE ROOM.

**DISCHARGE CRITERIA & PATIENT EDUCATION**

Vitals BP: 126/71 HR: 75 RR: 22 O2 Sat: 99%

Patient is alert, awake and oriented  Yes  No, If no explain \_\_\_\_\_

Minimal/absence of nausea or vomiting  Yes  No, If no explain \_\_\_\_\_

Tolerates PO intake  Yes  No, If no explain \_\_\_\_\_

Pain is well controlled  Yes  No, If no explain \_\_\_\_\_

Able to ambulate  Yes  No, If no explain \_\_\_\_\_

Written D/C instructions sheet and medication list given to patient  Yes  No, If no explain \_\_\_\_\_

Patient able to provide return demonstration or verbalize an understanding  Yes  No, If no explain \_\_\_\_\_

Responsible adult present to escort patient home  Yes  No Escort's Relationship to Pt: WIFE

\_\_\_\_\_  
RN PRINT NAME

\_\_\_\_\_  
SIGNATURE/CREDENTIALS

\_\_\_\_\_  
DATE/TIME

\_\_\_\_\_  
ATTENDING PRINT NAME

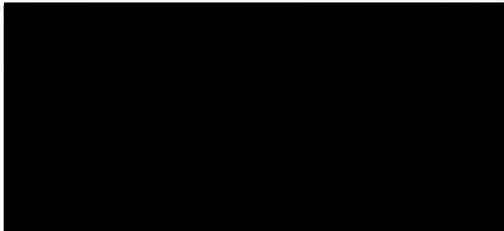
\_\_\_\_\_  
SIGNATURE/CREDENTIALS

\_\_\_\_\_  
DATE/TIME

# Montefiore

## DENTAL DEPARTMENT IV COURSE SEDATION RECORD

DATE: 12-13-13 ROOM #: 15



Patient Information/Label

Pre-Procedure Vitals: B/P 112/73 Pulse: 83 Resp: 24 SaO<sub>2</sub>: 99 Weight: 194

Medical Hx: NSF

Meds: NO MEDS

Allergies: NILDA

P/E:  A&Ox3  Lungs: CTA  CV: NSR Last Oral Intake:  4-6 hrs  6-8 hrs

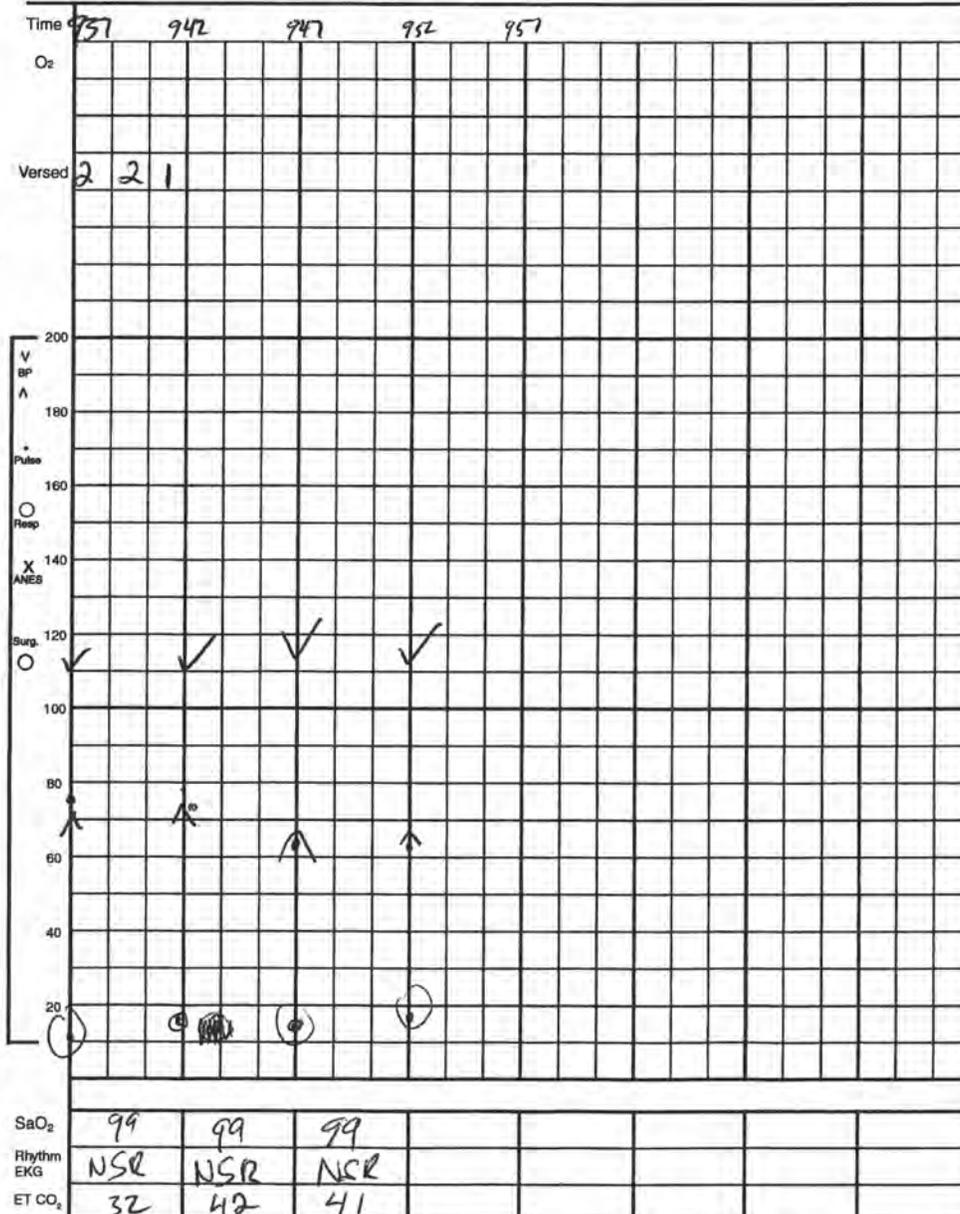
ASA:  I  II  III  IV  V  Consent Obtained  O<sub>2</sub>, Suction, Ambu/Bag, Code Cart, Antagonist Medication at chairside

Monitors: Pulse Oximetry  NIBP  ECG  Capnograph

Access: IV Size  20  22  24 Site:  R  L  Hand  Arm  A.C.F.

Agent:  O<sub>2</sub> (100%)  N<sub>2</sub>O ( % )  Nasal Hood  Nasal Cannula 3L/Air

Vital signs must be taken every 5 minutes



TOTAL AGENTS  
VERSED 5 MG

FLUIDS TOTAL IN  
NS 100 ML

Pre Op Meds  
DECADRON          MG  
CLINDAMYCIN          MG

Post Op Meds:  
TORADOL          MG

Procedure Performed:  
DENTAL CLEANING  
IV SEDATION

B. HAGAN / B. HAGAN 12/13/13  
ANESTHESIOLOGIST/DENTIST PRINT NAME, ANESTHESIOLOGIST SIGNATURE/CREDENTIALS, DATE/TIME

J. MANWARING 12-13-13  
OPERATOR DENTIST PRINT NAME, OPERATOR SIGNATURE/CREDENTIALS, DATE/TIME

**MONTEFIORE  
DENTAL DEPARTMENT IV COURSE SEDATION RECORD**

Patient Name: \_\_\_\_\_  
MR #: \_\_\_\_\_

POST PROCEDURE							
TIME	BP	P	R	SpO <sub>2</sub>	PAIN SCALE	ECG RHYTHM	DDS/RN SIGNATURE
9:54	119/68	64	19	98	0	NSR	<i>[Signature]</i>

**NURSE'S NOTE**  
*A to x 3. Tolerated treatment well. Remained from sedation well. Post procedure instructions given. Patient discharge home as per Dr. [Signature]*

ALDRETE SCORE		
Activity	PRE SCORE	POST SCORE
Able to move 4 extremities	2	2
Able to move 2 extremities	1	1
Able to move 0 extremities	0	0
<b>Respiration</b>		
Able to breathe deeply and cough freely	2	2
Dyspnea or limited breathing	1	0
Apneic	0	0
<b>Circulation</b>		
BP ± 20% of preanesthetic level	2	2
BP ± 20-50% of preanesthetic level	1	0
BP ± 50% of preanesthesia level	0	0
<b>Consciousness</b>		
Fully awake	2	2
Arousable on calling	1	0
Not responding	0	0
<b>Oxygenation</b>		
Able to maintain O <sub>2</sub> sat > 92% on room air	2	2
Needs supplemental O <sub>2</sub> to maintain sat > 90%	1	0
O <sub>2</sub> sat < 90%, even with supplemental O <sub>2</sub>	0	0
<b>TOTAL</b>	<b>10</b>	<b>10</b>
	<i>[Signature]</i>	<i>[Signature]</i>
	Initials	Initials

SCORE MUST BE AT LEAST 8-10 (or return to Baseline) FOR PATIENT'S RELEASE FROM THE PROCEDURE ROOM.

**DISCHARGE CRITERIA & PATIENT EDUCATION**

Vitals BP: 119/68 HR: 64 RR: 19 O2 Sat: 98%

Patient is alert, awake and oriented  Yes  No, If no explain \_\_\_\_\_

Minimal/absence of nausea or vomiting  Yes  No, If no explain \_\_\_\_\_

Tolerates PO intake  Yes  No, If no explain \_\_\_\_\_

Pain is well controlled  Yes  No, If no explain \_\_\_\_\_

Able to ambulate  Yes  No, If no explain \_\_\_\_\_

Written D/C instructions sheet and medication list given to patient  Yes  No, If no explain \_\_\_\_\_

Patient able to provide return demonstration or verbalize an understanding  Yes  No, If no explain \_\_\_\_\_

Responsible adult present to escort patient home  Yes  No Escort's Relationship to Pt: WIFE

[Signature] RN PRINT NAME      [Signature] SIGNATURE/CREDENTIALS      12/13/13 DATE/TIME

ATTENDING PRINT NAME      SIGNATURE/CREDENTIALS      DATE/TIME

# Montefiore

## DENTAL DEPARTMENT IV COURSE SEDATION RECORD

DATE: DECEMBER 13, 2013 ROOM #: 15

Pre-Procedure Vitals: B/P 128/79 Pulse: 82 Resp: 22 SaO<sub>2</sub>: 96 Weight: 181

Medical Hx: DIABETES (INSULIN) 142 - BLOOD SUGAR

Meds: INSULIN

Allergies: NKDA

P/E:  A&Ox3  Lungs: CTA  CV: NSR Last Oral Intake:  4-6 hrs  6-8 hrs

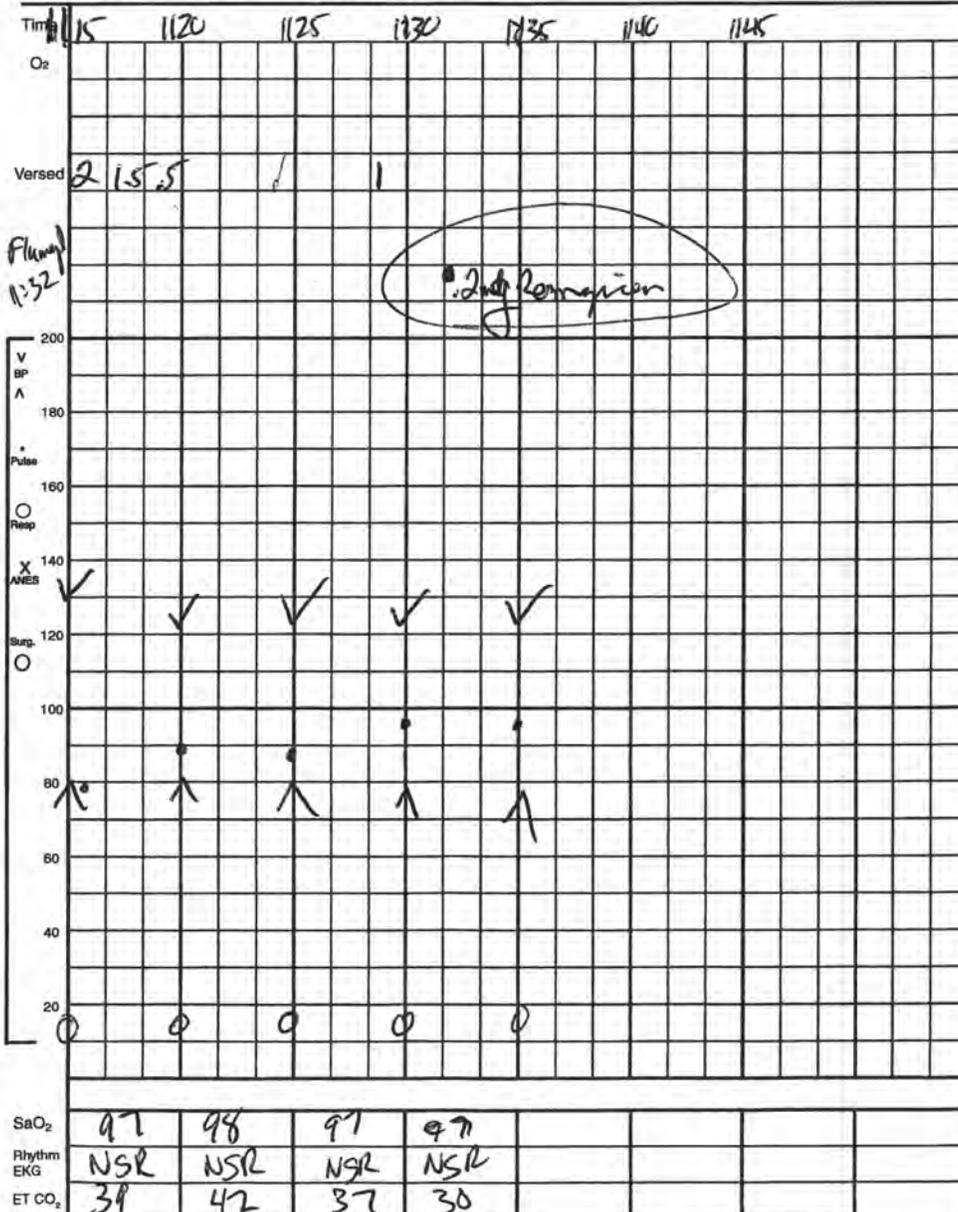
ASA:  I  II  III  IV  V  Consent Obtained  O<sub>2</sub>, Suction, Ambu/Bag, Code Cart, Antagonist Medication at chairside

Monitors: Pulse Oximetry  NIBP  ECG  Capnograph

Access: IV Size  20  22  24 Site:  R  L  Hand  Arm  A.C.F.

Agent:  O<sub>2</sub> (100%)  N<sub>2</sub>O ( % )  Nasal Hood  Nasal Cannula 3L/min

Vital signs must be taken every 5 minutes



**TOTAL AGENTS**

VERSED 5 MG

---

**FLUIDS TOTAL IN**

NS 100 ML

DW5 \_\_\_\_\_ ML

**Pre Op Meds**

DECADRON \_\_\_\_\_ MG

CLINDAMYCIN \_\_\_\_\_ MG

**Post Op Meds:**

TORADOL \_\_\_\_\_ MG

**Procedure Performed:**

DENTAL CLEANING

IV SEDATION

B. HAGAN 12-13-13  
ANESTHESIOLOGIST SIGNATURE/CREDENTIALS, DATE/TIME

J. MANWALA 12-13-13  
OPERATOR SIGNATURE/CREDENTIALS, DATE/TIME

**MONTEFIORE  
DENTAL DEPARTMENT IV COURSE SEDATION RECORD**

Patient Name: \_\_\_\_\_

MR #: \_\_\_\_\_

POST PROCEDURE							
TIME	BP	P	R	SpO <sub>2</sub>	PAIN SCALE	ECG RHYTHM	DDS/RN SIGNATURE
1135	122/77	92	18	99	0	NSR	(BWA)

**NURSE'S NOTE**

A to X3. Tolerates treatment well. Reperatures from sedation well. Post procedure instructions given. Patient discharge home as per Dr. Kromb.

ALDRETE SCORE		
Activity	PRE SCORE	POST SCORE
Able to move 4 extremities	2	2
Able to move 2 extremities	1	0
Able to move 0 extremities	0	0
<b>Respiration</b>		
Able to breathe deeply and cough freely	2	2
Dyspnea or limited breathing	1	0
Apneic	0	0
<b>Circulation</b>		
BP ± 20% of preanesthetic level	2	2
BP ± 20-50% of preanesthetic level	1	0
BP ± 50% of preanesthesia level	0	0
<b>Consciousness</b>		
Fully awake	2	2
Arousable on calling	1	1
Not responding	0	0
<b>Oxygenation</b>		
Able to maintain O <sub>2</sub> sat > 92% on room air	2	2
Needs supplemental O <sub>2</sub> to maintain sat > 90%	1	1
O <sub>2</sub> sat < 90%, even with supplemental O <sub>2</sub>	0	0
<b>TOTAL</b>	10	10
	BWA	Y
	Initials	Initials

SCORE MUST BE AT LEAST 8-10 (or return to Baseline) FOR PATIENT'S RELEASE FROM THE PROCEDURE ROOM.

**DISCHARGE CRITERIA & PATIENT EDUCATION**

Vitals      BP: 122/77      HR: 92      RR: 18      O2 Sat: 99%

Patient is alert, awake and oriented       Yes     No, If no explain \_\_\_\_\_

Minimal/absence of nausea or vomiting       Yes     No, If no explain \_\_\_\_\_

Tolerates PO intake       Yes     No, If no explain \_\_\_\_\_

Pain is well controlled       Yes     No, If no explain \_\_\_\_\_

Able to ambulate       Yes     No, If no explain \_\_\_\_\_

Written D/C instructions sheet and medication list given to patient       Yes     No, If no explain \_\_\_\_\_

Patient able to provide return demonstration or verbalize an understanding       Yes     No, If no explain \_\_\_\_\_

Responsible adult present to escort patient home       Yes     No    Escort's Relationship to Pt: GERLFRIEND

\_\_\_\_\_  
RN PRINT NAME      \_\_\_\_\_  
SIGNATURE/CREDENTIALS      \_\_\_\_\_  
DATE/TIME

\_\_\_\_\_  
ATTENDING PRINT NAME      \_\_\_\_\_  
SIGNATURE/CREDENTIALS      \_\_\_\_\_  
DATE/TIME

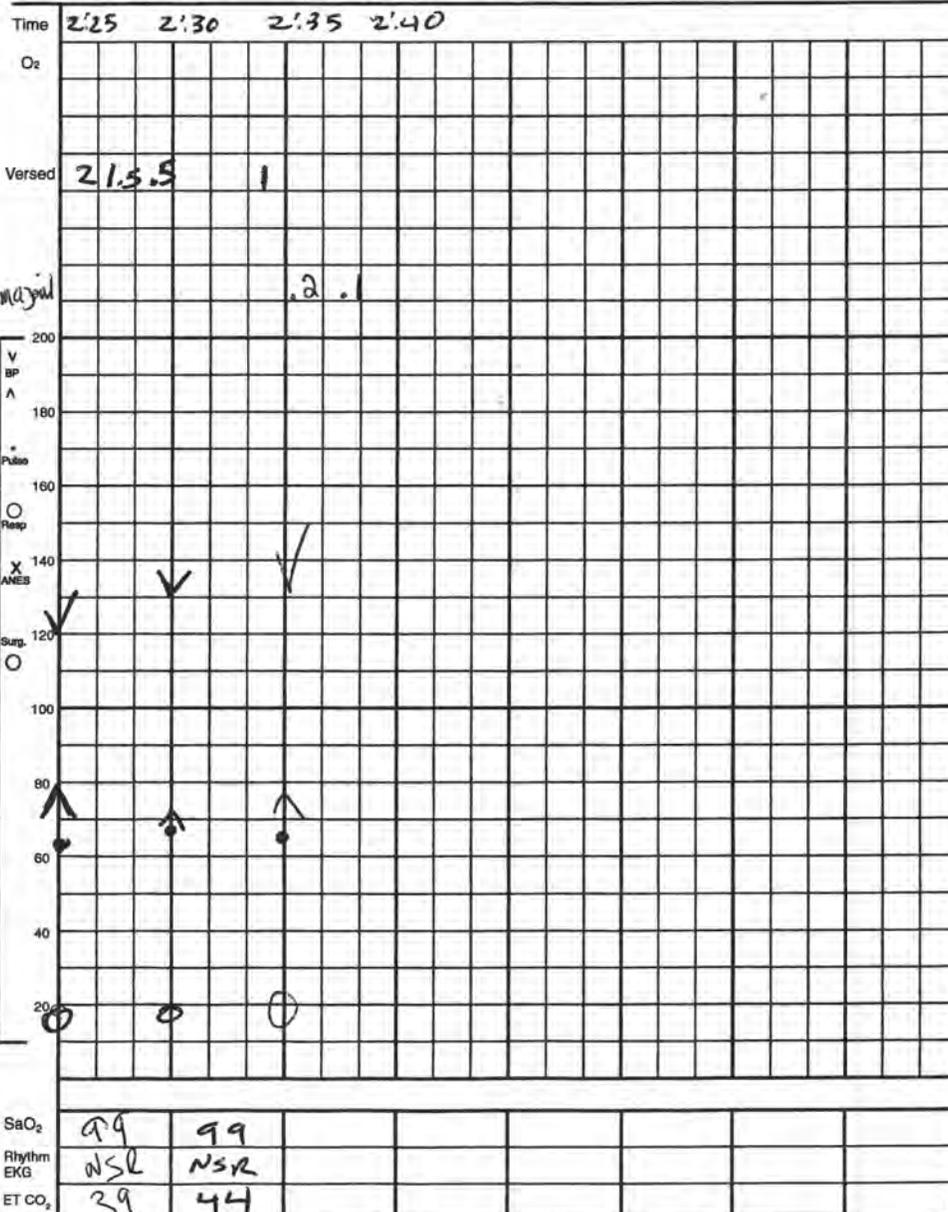
# Montefiore

## DENTAL DEPARTMENT IV COURSE SEDATION RECORD

DATE: 13 Dec 2013 ROOM #: 15 Patient Information/Label  
 Pre-Procedure Vitals: B/P 121/81 Pulse: 67 Resp: 14 SaO<sub>2</sub>: 99 Weight: 215  
 Medical Hx: ∅ 15 yr history

Meds: ∅ Allergies: Shrimp NKDA  
 P/E:  A&Ox3  Lungs: CTA  CV: NSR Last Oral Intake:  4-6 hrs  6-8 hrs  
 ASA:  I  II  III  IV  V  Consent Obtained  O<sub>2</sub>, Suction, Ambu/Bag, Code Cart, Antagonist Medication at chairside  
 Monitors: Pulse Oximetry  NIBP  ECG  Capnograph   
 Access: IV Size  20  22  24 Site:  R  L  Hand  Arm  A.C.F.  
 Agent:  O<sub>2</sub> (100%)  N<sub>2</sub>O ( % )  Nasal Hood  Nasal Cannula

Vital signs must be taken every 5 minutes



TOTAL AGENTS 5 MG  
 VERSED \_\_\_\_\_ MG

FLUIDS TOTAL IN  
 NS 150 ML

Pre Op Meds  
 DECADRON \_\_\_\_\_ MG  
 CLINDAMYCIN \_\_\_\_\_ MG

Post Op Meds:  
 TORADOL \_\_\_\_\_ MG

Procedure Performed:  
RESTORATION #11  
IV SEDATION

B. HAGAN 12.13.13  
 ANESTHESIOLOGIST DENTIST PRINT NAME, 2:25P  
 ANESTHESIOLOGIST SIGNATURE/CREDENTIALS, DATE/TIME

J. MANWARING 12.13.13  
 OPERATOR DENTIST PRINT NAME, 2:25P  
 OPERATOR SIGNATURE/CREDENTIALS, DATE/TIME

**MONTEFIORE  
DENTAL DEPARTMENT IV COURSE SEDATION RECORD**

Patient Name: \_\_\_\_\_

MR #: \_\_\_\_\_

POST PROCEDURE							
TIME	BP	P	R	SpO <sub>2</sub>	PAIN SCALE	ECG RHYTHM	DDS/RN SIGNATURE
240	134/76	67	12	99	0	NSR	<i>[Signature]</i>

**NURSE'S NOTE**

*As to x3. Tolerates treatment well. Reperated from sedation well. Post procedure instructions given. Patient discharge home as per Dr. Krant*

**ALDRETE SCORE**

Activity	PRE SCORE	POST SCORE
<b>Activity</b> Able to move 4 extremities	2	2
Able to move 2 extremities	1	1
Able to move 0 extremities	0	0
<b>Respiration</b> Able to breathe deeply and cough freely	2	2
Dyspnea or limited breathing	1	1
Apneic	0	0
<b>Circulation</b> BP ± 20% of preanesthetic level	2	2
BP ± 20-50% of preanesthetic level	1	1
BP ± 50% of preanesthesia level	0	0
<b>Consciousness</b> Fully awake	2	2
Arousable on calling	1	1
Not responding	0	0
<b>Oxygenation</b> Able to maintain O <sub>2</sub> sat > 92% on room air	2	2
Needs supplemental O <sub>2</sub> to maintain sat > 90%	1	1
O <sub>2</sub> sat < 90%, even with supplemental O <sub>2</sub>	0	0
<b>TOTAL</b>	<b>10</b>	<b>10</b>
	<i>[Signature]</i>	<i>[Signature]</i>
	Initials	Initials

SCORE MUST BE AT LEAST 8-10 (or return to Baseline) FOR PATIENT'S RELEASE FROM THE PROCEDURE ROOM.

**DISCHARGE CRITERIA & PATIENT EDUCATION**

Vitals BP: 134/76 HR: 67 RR: 12 O<sub>2</sub> Sat: 99%

Patient is alert, awake and oriented  Yes  No, If no explain \_\_\_\_\_

Minimal/absence of nausea or vomiting  Yes  No, If no explain \_\_\_\_\_

Tolerates PO intake  Yes  No, If no explain \_\_\_\_\_

Pain is well controlled  Yes  No, If no explain \_\_\_\_\_

Able to ambulate  Yes  No, If no explain \_\_\_\_\_

Written D/C instructions sheet and medication list given to patient  Yes  No, If no explain \_\_\_\_\_

Patient able to provide return demonstration or verbalize an understanding  Yes  No, If no explain \_\_\_\_\_

Responsible adult present to escort patient home  Yes  No Escort's Relationship to Pt: Spouse

[Signature] RN PRINT NAME [Signature] SIGNATURE/CREDENTIALS 12/13/15 DATE/TIME

ATTENDING PRINT NAME SIGNATURE/CREDENTIALS DATE/TIME

**Braness, Christel [IDB]**

---

**From:** Brad R <bradr@lifepointdental.com>  
**Sent:** Monday, January 06, 2014 3:28 PM  
**To:** Braness, Christel [IDB]  
**Subject:** Re: moderate sedation permit

Thanks Christel. I have attached the course curriculum information below. I have also attached the CV's of the course instructors.

I also copied a brief overview of the course below, and further details can be found on the website:  
[www.sedationconsulting.com](http://www.sedationconsulting.com)

The course is developed and presented in accordance with the American Dental Associations "Practice Guidelines for Teaching Comprehensive Control of Pain and Anxiety in Dentistry" Part III and "Practice Guidelines for Sedation by Non-anesthesia Providers" by the American Society of Anesthesiology. The course has ADA CERP recognition as well as AGD PACE recognition.

I would like to finalize my plans as soon as possible, so please let me know how long the pre approval process may take if this is a course that would need a committee meeting review at a later date.

Thanks,  
Brad



[IV Sedation Training Program for Dentists Curriculum Jun13.pdf](#)



[CSC CV Steve Woodring DO 2013.pdf](#)



[Salatino\\_CV.pdf](#)



[CSC CV Randy Pigg BSN 2013.pdf](#)



[CV MANA SARAGHI.pdf](#)



**I.V. Sedation Training for Dentists - Salt Lake City, Utah**

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X



[Export Event](#)



## Export Event

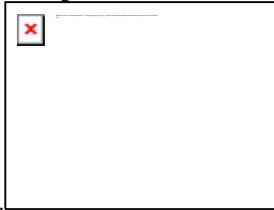
[ ] Preserve formatting in description (only supported in some calendar applications)

From Friday, March 07, 2014 - 08:00am

To Sunday, March 23, 2014 - 05:00pm

### Parenteral Sedation Dentistry

We are providing IV dental sedation training for dentist nationally. This IV sedation dentistry course is a comprehensive "mini-residency" and includes a minimum of 60 hours of didactic / classroom education and direct participation in administering IV sedation to 20 - 30 clinical dental cases while being observed. Advanced training in airway management and medical emergencies included. Total CE credits will be approximately



100 hours.

This course is designed to prepare the dentist to incorporate intravenous sedation into the dental practice.

Developed and presented in accordance with the American Dental Associations "Practice Guidelines for Teaching Comprehensive Control of Pain and Anxiety in Dentistry" Part III and "Practice Guidelines for Sedation by Non-anesthesia Providers" by the American Society of Anesthesiology.

#### Learning Objectives

To prepare the dentist to incorporate safe IV sedation administration into practice

Properly access and obtain appropriate medical history and assessment of patients to determine suitability of moderate sedation

Understand the regulations and requirements of state legislation / dental boards, to adhere to national standards and guidelines

To explain and understand agonist-antagonist effects and pharmacokinetic properties of commonly used sedative agents

To recognize and react to medical emergencies while providing leadership and direction to others involved in resuscitative efforts

Manage the airway using basic and advanced equipment and techniques

Effectively utilize monitoring, pharmaceuticals and rescue equipment

This program is designed to meet and exceed the requirements to obtain a intravenous conscious sedation permit in most states. We encourage you to review your state requirements.

This leading parenteral moderate sedation training program teaches titration to affect with single and multiple sedative drug techniques in a faculty / participant / assisting staff / patient clinical setting.

All necessary equipment, supplies, medications and patients will be provided for sedation training clinical.

#### Prerequisites

The participant must hold a dental or medical degree, must be licensed to practice dentistry or medicine in a given state and have current malpractice insurance. Current BCLS certification must be obtained prior to the course. Please bring proof of malpractice insurance coverage to first meeting.

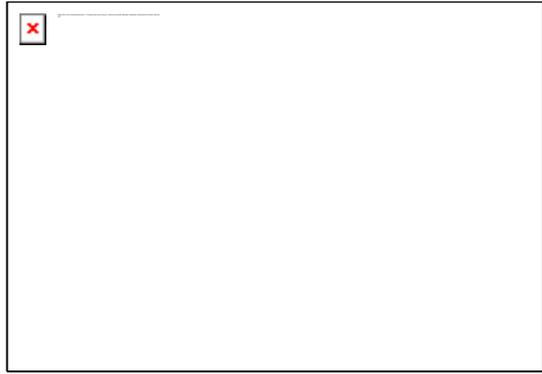
#### Course Structure

(1) The didactic portion of this course will consist of at least 60 hours of instruction, in the form of lecture, power point presentations, demonstrations, and hands on practice utilizing simulation and live participant volunteers.

(2) As part of the training participants will receive Advanced Cardiac Life Support (ACLS) certifications, along with intensive hands on airway management training utilizing simulation and be able to demonstrate proficient ventilation with multiple airway devices.

(3) Following completion of the introductory phase of the lecture/demonstration series, the participant will begin the clinical participation component at which time he/she will improve his/her IV sedation and venipuncture techniques. Anesthesia providers and conscious sedation trained dentists will be supervising at all times.

(4) Successful completion of a written exam will be required at the completion of the didactic and clinical portions of the program.



(5) Assisting/Monitoring staff will be encouraged to attend portions of the training.

**March 2014 - Salt Lake City, UT**

**Program is over 3 sessions as follows:**

- #1 March 07, 08 & 09 , 2014 (Didactic)
- # 2 March 14, 15 & 16, 2014 (Didactic)
- # 3 March 21, 22 & 23, 2014 (Clinical)

**Location**

Salt Lake City Marriott University Park  
The University of Utah  
480 Wakara Way  
Salt Lake City, UT 84108

On Fri, Jan 3, 2014 at 7:16 AM, Braness, Christel [IDB] <[Christel.Braness@iowa.gov](mailto:Christel.Braness@iowa.gov)> wrote:

Please forward information about sedation courses to my attention. I coordinate with the Anesthesia Credentials Committee and will see that any courses, which require committee approval are forwarded to the next meeting of the committee.

Let me know if you have any other questions. Thank you.

*Christel Braness, Program Planner*

*Iowa Dental Board | 400 SW 8th St., Suite D | Des Moines, IA 50309*

Phone: [515-242-6369](tel:515-242-6369) | Fax: [515-281-7969](tel:515-281-7969) | [www.dentalboard.iowa.gov](http://www.dentalboard.iowa.gov)

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**From:** Brad R [mailto:[bradr@lifepointdental.com](mailto:bradr@lifepointdental.com)]

**Sent:** Tuesday, December 31, 2013 5:02 PM

**To:** Braness, Christel [IDB]

**Subject:** moderate sedation permit

Hi Christel,

I am planning to seek training this year in moderate sedation and apply for a permit. I know the board encourages applicants to seek pre-approval of any formal continuing education courses for this purpose. Should I mail the course syllabus to the general mailing address of the board, or would it expedite things if I email it or contact a specific member or the Anesthesia Credentials Committee? If you can provide me with instructions on the most efficient way to submit this information, I would be appreciative.

Thanks,

--

**Brad Richtsmeier, D.D.S.**

LIFEPOINT DENTAL GROUP

[www.LifepointDental.com](http://www.LifepointDental.com)

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**Brad Richtsmeier, D.D.S.**

LIFEPOINT DENTAL GROUP



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Phone: 888-581-4448

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## I.V. Sedation Training for Dentists - Salt Lake City, Utah



From Friday, March 07, 2014 - 08:00am  
To Sunday, March 23, 2014 - 05:00pm

### Parenteral Sedation Dentistry

We are providing IV dental sedation training for dentist nationally. This IV sedation dentistry course is a comprehensive "mini-residency" and includes a minimum of 60 hours of didactic / classroom education and direct participation in administering IV sedation to 20 - 30 clinical dental cases while being observed. Advanced training in airway management and medical emergencies included. Total CE credits will be approximately 100 hours.

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### Learning Objectives

- To prepare the dentist to incorporate safe IV sedation administration into practice
- Properly access and obtain appropriate medical history and assessment of patients to determine suitability of moderate sedation
- Understand the regulations and requirements of state legislation / dental boards, to adhere to national standards, and guidelines



- Understand the regulations and requirements of state registration / dental boards, to adhere to national standards and guidelines
- To explain and understand agonist-antagonist effects and pharmacokinetic properties of commonly used sedative agents
- To recognize and react to medical emergencies while providing leadership and direction to others involved in resuscitative efforts
- Manage the airway using basic and advanced equipment and techniques
- Effectively utilize monitoring, pharmaceuticals and rescue equipment

This program is designed to meet and exceed the requirements to obtain an intravenous conscious sedation permit in most states. We encourage you to review your state requirements.

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All necessary equipment, supplies, medications and patients will be provided for sedation training clinical.

#### Prerequisites

The participant must hold a dental or medical degree, must be licensed to practice dentistry or medicine in a given state and have current malpractice insurance. Current BCLS certification must be obtained prior to the course. Please bring proof of malpractice insurance coverage to first meeting.

#### Course Structure

- (1) The didactic portion of this course will consist of at least 60 hours of instruction, in the form of lecture, power point presentations, demonstrations, and hands on practice utilizing simulation and live participant volunteers.
- (2) As part of the training participants will receive Advanced Cardiac Life Support (ACLS) certifications, along with intensive hands on airway management training utilizing simulation and be able to demonstrate proficient ventilation with multiple airway devices.
- (3) Following completion of the introductory phase of the lecture/demonstration series, the participant will begin the clinical participation component at which time he/she will improve his/her IV sedation and venipuncture techniques. Anesthesia providers and conscious sedation trained dentists will be supervising at all times.
- (4) Successful completion of a written exam will be required at the completion of the didactic and clinical portions of the program.
- (5) Assisting/Monitoring staff will be encouraged to attend portions of the training.

#### March 2014 - Salt Lake City, UT

Program is over 3 sessions as follows:

- #1 March 07, 08 & 09, 2014 (Didactic)
- # 2 March 14, 15 & 16, 2014 (Didactic)
- # 3 March 21, 22 & 23, 2014 (Clinical)

#### Location

Salt Lake City Marriott University Park  
The University of Utah  
480 Walker Way



480 Wakara Way  
Salt Lake City, UT 84108



\*Class size is limited, early registration is encouraged.

Course fee: \$12,500.00. A deposit of \$3750.00 is required to register, balance due prior to start of course.  
Registration fee includes bringing up to 2 dental assistants for Session #3 (clinical). Attendance by assistants recommended but not required

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## **IV Sedation Training Program for Dentists Curriculum**

Times are approximate and schedules may need to be adjusted by faculty.

### **Day 1**

0700-0730 Registration Completion & Introductions

0730-0830 Overview of program -

- Goals of Sedation

- Standards

- Practice Guidelines

- Anesthesia Theory

0930-1145 The Continuum of Sedation

- Minimal

- Moderate

- Deep Sedation

- General Anesthesia

- Guedel's Stages of Anesthesia

- Analgesia; Sedation

- Delirium; Excitement

- General Anesthesia: plane I, II, III & IV

- Respiratory depression; cardiac arrest

1145-1200 Review

1200-1300 Lunch with faculty. Questions & Answers

1300-1330 ASA Physical Status Classification System

1330-1530 Patient Assessment

- Medical History

- Cardiac

- Pulmonary

- Hepatic

- Renal

- Neurologic

- Endocrine

- Gastrointestinal

- Hematology

- Musculoskeletal

- Surgical History

- Medications

- Allergies

- Laboratory Data

- Dental/Oral/Airway

- Social History

- NPO Status

- Informed Consent(s)

- ASA Physical Status

- Signature of Pre-sedation Evaluator and Date/Time

Conscious Sedation Consulting

79 Hubble Suite 102

O'Fallon, MO 63368

888-581-4448

"Creating a Culture of Safety Through Education"



1530- 1630 Potential Problem Patients

- Obese
- GERD
- HTN
- Sleep apnea
- Aspiration Risk
- Difficult Airway
- Asthma
- COPD
- Diabetes
- Allergies
- Chronic pain
- Renal
- Steroids
- Adrenal
- Geriatric
- Peds

1630-1730 Key Medications to watch for

- Antihypertensives (*beta blocker, ACE inhibitor, )*
- Cardiac meds
- Anticoagulants
- Diabetic medications
- Steroids
- Thyroid replacement
- Renal medications
- Allergy medications
- Inhalers/Other respiratory meds
- Herbals

Factors that affect protective reflexes

- Alcohol
- Antipsychotics
- Cardiac arrest
- Cerebrovascular accident
- Depression of consciousness
- Depression of gag, coughing, swallowing reflexes
- Drug overdose
- Extremes of age
- Head injury
- Neurologic diseases
- Neuromuscularly impaired reflexes
- Opioids
- Sedatives
- Seizures
- Severe hypotension
- Stress
- Trauma

1730-1800 Review



## Day 2

0730-1100 IV Access (Part 1)- didactic

Definitions

Armamentaria needed to start an I.V

Cleanliness, sterility, prevention of infection, and sterile technique

Set up and position all armamentaria prior to catheter insertion

Vein anatomy, vein insertion sites, challenging I.V. insertions

Tourniquet etiquette and study of the appropriate vein

Vein anatomy, vein insertion sites, challenging I.V. insertions

Catheter Fastening

How to remove an I.V. catheter and drip

Proper disposal of infectious armamentaria and I.V. drips

Possible complications related to I.V. insertion and removal

Hypotension

Treatment of hypotension

I.V. Anesthesia Armamentaria Checklist

Quick and Dirty I.V. Catheter Insertion

1100-1200 IV Insertions Demonstrations

1200-1300 Lunch with faculty

1300-1430 Essentials of IV Fluids

Introduction - The Importance of Fluids

The Cell – the cell membrane; lipid bilayer, semi-permeable membrane

The Cell Environment

Solids and Liquids

Blood and Plasma; the purposes of blood

Osmosis

Hypotonic and Isotonic Fluids

Physiology of the Cardiovascular System

Autonomic Effects

Atherosclerosis Effects

NPO Effects

Temperature/Oxygen/Metabolism

Common Types of Fluids for Dental Anesthesia/Fluid Administration/Armamentaria

Fluid Therapy

1430-1630 IV Access (Part II) - clinical

Gathering equipment

Site Selection

Site preparation

Insertions on simulator

Discontinue IV

1630-1800 Live IV insertions practice on humans

1800-1830 Review

## Day 3

0730-1100 Essentials of Monitoring Sedated Patients

Definitions

Conscious Sedation Consulting

79 Hubble Suite 102

OFallon, MO 63368

888-581-4448

"Creating a Culture of Safety Through Education"



The 5 Critical Vital Signs

- Blood Pressure
- Pulse
- Respirations
- Temperature
- SpO2

Rules of Good Patient Monitoring

Continuum of Depth of Sedation

Patient Requirements for Sedation

Facility and Equipment Requirements for Sedation

The Physiology and Importance of the Five Critical Patient Vital Signs

Abnormal Vital Signs, and Vital Signs of Concern

Electrocardiogram

Normal and Abnormal Dysrhythmias

Non-Mechanical and Mechanical Assessment of Patient Vital Signs

The Rules of Good Patient Monitoring

Discussion

Dental Office Emergency Protocols

1100-1200 Equipment Demonstrations / hands on clinical

1200-1300 Lunch with faculty

1300-1630 Essentials of The Airway

The Mouth

Cormack-Lehane Classification

Mallampati Classification

The Three Pharynges

Soft Tissue of Larynx

Cartilage of the Larynx

Anatomy of the Trachea

Paratracheal Anatomy

Head & Neck Considerations

Range of Motion

Obtaining & Maintaining Airway

Emergency Cricothyrotomy

1630-1800 Skills Lab, Demonstrations & Practice

Obtain Airway utilizing simulator and hands on with multiple devices

Bag Mask Ventilation

Oral Airways

Nasal airways

Laryngeal Mask Airways

King Airways

Endotracheal Intubation

Emergency Cricothyrotomy

1800-1830 Review



## Day 4

### 0730-1200 Dental Office Medical Emergencies (part I)

Basic life support skills, including effective chest compressions,  
use of an AED

#### Fundamentals of ACLS and Updates

##### What To Do!

- Respiratory Arrest
- Cardiac Arrest
- Laryngospasm
- Bronchospasm
- Aspiration
- Obstructed Airway
- Allergic Reactions
- Seizures
- MI
- Intra-arterial Injections
- Hyper / Hypotension
- Hyper / Hypo Ventilation

### 1200-1300 Lunch

### 1300-1630 Dental Office Emergencies (part II)

- Related pharmacology
- Management of acute coronary syndromes (ACS) and stroke
- Effective communication as a member and leader of a resuscitation team
- Effective Resuscitation Team Dynamics
- Necessary Equipment
- Back Up & Redundant Systems
  - Power Source / Batteries
  - Oxygen
  - Lighting
  - Suction
  - Manual Monitoring Devices
- Accessibility and Evacuation
- Setting up Mock Codes & Drills in the Office for Staff Training
- Documentation
- History
  - Medical
  - Surgery
  - Anesthesia
  - Allergies
- Sedation Related Forms
  - Consent
  - Intra-procedure record keeping
  - Time; synchronized



- Vital signs
- Medications
- Patient Response
- Level of Consciousness
- Procedure Documentation
- Complications
- Continued Assessment
- Discharge Instructions
- Follow Up
- Adverse Event Reporting

1630-1700 Review (SW)  
1700-1800 IV Skills Lab Practice - Live Humans

### **Day 5**

0730-1200 Pharmacology & Pharmacokinetics

- Routes of Administration
  - Inhalational
  - Enteral
  - Intranasally
  - IM
  - Parenteral
  - IO
- Common Sedatives
  - Nitrous Oxide
  - Benzos
  - Narcotics
  - Antihistamines
  - Hypnotics
- Synergistic Effects
- Reversal Agents
  - Flumazenil
  - Naloxone
  - Time
- Emergency Medications
  - Phenylephrine
  - Albuterol
  - Morphine
  - Aspirin
  - Nitroglycerin
  - Sugar/Glucose
  - Diphenhydramine
  - Oxygen
  - Atropine
  - Ephedrine
  - Epinephrine
  - Vasopressin
  - Dexamethasone
  - Solu-Cortef



Methylprednisolone  
Diazepam  
Midazolam  
Succinylcholine  
Lidocaine  
Anti-Nausea/ Anti-Emetics  
Ondansetron  
Famotidine  
Ranitidine  
Metoclopramide  
Dexamethasone

1200-1300 Lunch

1300-1330 Local Anesthetic Review

Effective Local Decreases Need for Global Sedation

1330-1530 Nitrous Oxide (SW)

How NO<sub>2</sub> can help your sedation regimen

1530-1600 Pre-medications

Synergism

1630-1730 Issues with Enteral Sedation Techniques

1730-1800 Review

## **Day 6**

0730-1130 Sedation Regulations & Legal Considerations

State Boards

Requirements

Training

Equipment

Staff

Preparing for Inspection

Continuing Education

Continue Learning

Facility Evaluation and Preparation

Accreditation

Malpractice Coverage

Marketing

1130-1200 Review

1200-1300 Lunch with Staff

1300-1500 Clinical Judgment Game

Case Presentations

What would you do and why?

Sedation case videos

Resuscitation videos

1500-1700 Putting It All Together

Final Q&A and Review

1700-1830 Testing



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**Day 7**

0730-1230 Clinic  
1230-1300 Lunch  
1300-1630 Clinic  
1630-1730 Case Discussion & Review

**Day 8**

0730-1230 Clinic  
1230-1300 Lunch  
1300-1630 Clinic  
1630-1730 Case Discussion & Review

**Day 9**

0730-1230 Clinic  
1230-1300 Lunch  
1300-1630 Clinic  
1630-1730 Case Discussion & Review

**Day 10**

0730-1230 Clinic  
1230-1300 Lunch  
1300-1530 Clinic  
1530-1700 Case Discussion & Final Examination

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"Creating a Culture of Safety Through Education"

# RANDY PIGG BSN

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PHONE (636) 795-0648 • E-MAIL RANDY@SEDATIONCONSULTING.COM

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## EDUCATION

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1982 - Lone Oak High School, Paducah, KY

- Diploma

1982-84 University of Kentucky, Lexington, KY

- Undergraduate Studies

1989-91 United States Army. Ft. Knox, Ft. Knox KY, Ft. Sam Houston,  
San Antonio TX, Ft. Polk, Leesville, LA

- Combat Medic Training
- Emergency Medical Technician
- Expert Field Medical Badge

1991-93 Barnes College of Nursing at Washington University Medical  
Center, St. Louis, MO.

- Baccalaureate of Science in Nursing

## WORK EXPERIENCE

---

1992-02 Barnes Jewish Hospital at Washington University Medical Center,  
St. Louis, MO

- Patient Care Technician
- Registered Nurse, Neurology Unit
- Registered Nurse, Emergency Department, Level I Trauma Center
- Night Shift Charge Nurse

2002-06 St. Joseph Hospital West, Lake St. Louis, MO

- Registered Nurse, Emergency Department, Level II Trauma  
Center

2006 – Present, Conscious Sedation Consulting LLC

- Founder & Chief Executive Officer

## TRAINING / ASSOCIATIONS

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1989 – Present, Basic Life Support Certified

1992 – Present, Advanced Cardiac Life Support Certified

1993 – Present, Trauma Nurse Core Curriculum Certified

1993 – Present, Member Emergency Nurses Association

2008 - Present, Member American Society of Dental Anesthesiology

2010 - Present, Member Society of Ambulatory Anesthesia by the American Society of Anesthesiologists

# Steven F. Woodring, DO

Board Certified Anesthesiologist

## EXPERIENCE

**President & CEO**, Mobile Anesthesiologists of Florida, Inc., Naples, FL, 2010-present

- Provide turnkey anesthesia and recovery services to office-based surgical practices

**Attending Anesthesiologist**, Anesthesia and Pain Consultants of Southwest Florida, MD, PA, 2010-present

- Provide general anesthesia services for Gulf Coast Medical Center and several ambulatory surgical centers

**Attending Anesthesiologist**, Anesthesia Providers Unlimited, LLC, 2009-present

- Provide general anesthesia services for Lehigh Regional Medical Center and Bonita Community Medical Center

**Attending Anesthesiologist**, Anesthesia Associates of Naples, PC, 2007-2009

- Major vascular, peds, OB/gyn, ortho, general cases for Physicians Regional Medical Center

## EDUCATION

**Anesthesiology Resident**, Case Western Reserve University – MetroHealth, Cleveland, OH, 2004-2007

- Level 1 trauma and burn center, level 3 NICU, high risk OB

**Traditional Intern**, OUCOM – Cuyahoga Falls General Hospital, Cuyahoga Falls, OH, 2003-2004

**Doctor of Osteopathic Medicine**, Kirksville College of Osteopathic Medicine, Kirksville, MO, 1999-2003

**Post-Baccalaureate Studies, Neuroscience/Premed**, University of Pittsburgh, Pittsburgh, PA, 1994-1997

**Bachelor of Science, Psychology**, Penn State Erie, The Behrend College, 1987-1991

## PROFESSIONAL AFFILIATIONS

**American Society of Anesthesiologists**, member, 2004-present

**Florida Society of Anesthesiologists**, member, 2007-present

**American Society of Regional Anesthesia and Pain Medicine**, member, 2006-present

**Society for Ambulatory Anesthesia**, member, 2010-present

## RESEARCH EXPERIENCE

**Research Specialist**, Cardiovascular Health Study, University of Pittsburgh, Pittsburgh, PA, 1999

- Assisted with obtaining medical and psychosocial data from study participants

**Research Specialist**, Physiology, University of Arizona, Tucson, AZ, 1997-1998

- Designed and managed lab facilities, including computer network and equipment fabrication
- Assisted with microneurographical and muscle fatigue studies

**Research Specialist II**, Otolaryngology, University of Pittsburgh, Pittsburgh, PA, 1996-1997

- Assisted with vestibular studies, performed large animal surgical preparations
- Presented poster at *Society for Neuroscience 26<sup>th</sup> Annual Meeting*, 1996

**Research Assistant**, Neuropsychology, University of Pittsburgh, Pittsburgh, PA, 1994-1995

- Investigated moderating factors between alcohol/drug use and HIV risk
- Presented poster at *American Psychological Association Conference* 1995

Mana Saraghi, DMD  
Sedation and Anesthesia for Dentistry

Education:            2003-06        B.A.            New York University (Biology – Summa Cum Laude)  
                                  2006-10        D.M.D.        University of Pennsylvania

Postgraduate Training and Fellowship Appointments:

                                 2011-12                    Certificate in Dental Anesthesiology, New York City Health and Hospitals Corporation, Jacobi Medical Center in affiliation with Albert Einstein College of Medicine of Yeshiva University, Bronx, NY (24 months)

Faculty Appointments:

                                 01/2013-Present            Attending Dentist Anesthesiologist, Department of Periodontics, Division of Pediatric Dentistry, Department of Oral and Maxillofacial Surgery University of Pennsylvania School of Dental Medicine

Professional Experience:

                                 2010                            Private Practice, Boston, Massachusetts  
                                  2013                            Attending Dentist Anesthesiologist Philadelphia, PA

Specialty Certification:

                                 Board Eligible                    American Board of Dental Anesthesiology  
                                  Board Eligible                    National Dental Board of Anesthesiology

Licensure:            Massachusetts, Oregon, Pennsylvania, Virginia, Washington

Awards, Honors and Membership in Honorary Societies:

                                 2003-06                    NYU Presidential Honors Scholar Program/Scholarship  
                                  2006                            Phi Beta Kappa Honor Society  
                                  2006                            NYU Founder's Day Award  
                                  2006-10                    Dean's Scholarship, University of Pennsylvania School of Dental Medicine  
                                  2007                            Honors Anatomy Dissection & Presentation  
                                  2008                            National Board Dental Exam Part I – Honors  
                                  2009                            National Board Dental Exam Part II – Honors  
                                  2009-10                    Clinical Honors Program, Medically Compromised Clinic, University of Pennsylvania  
                                  2010                            Abram Cohen Award for Periodontics  
                                  2010                            American Association of Oral and Maxillofacial Pathology Award  
                                  2010                            David L. Drabkin Prize for Research in Biochemistry

- 2010 University of Pennsylvania School of Dental Medicine:  
Achievement Award in Pharmacology and Therapeutics
- 2012 Chief Resident, Dental Anesthesiology Residency  
Program, Jacobi Medical Center

Memberships in Professional and Scientific Societies:

National Societies:

- American Society of Dentist Anesthesiologists, 2010-Present  
(Member, ASDA Task Force for Annual John A Yagiela Dental  
Anesthesiology Review Course, April 2013-Present)
- American Dental Society of Anesthesiology, 2010-Present
- American Dental Association, 2010-Present

Lectures by Invitation:

- Sept-Oct 2011 Lecturer in Predoctoral Pharmacology Course. Neurophysiology  
and Ion Channels in Pain and Pain Control. Local Anesthetic  
Pharmacology. (4 contact hours/yr) Columbia University, College of  
Dental Medicine.
- May 3, 2012 American Society Dental Anesthesiology Annual Scientific Session,  
Resident Abstract Presentation: Bronchospasm, Baltimore, MD
- May 9, 2012 Lecturer in Oral Surgery Resident Series. Perioperative Anesthetic  
Management for Ambulatory Oral Surgery Patients (2 contact  
hours/yr) Albert Einstein College of Medicine, Jacobi Medical  
Center.
- June 9-10, 2012 Conscious Sedation Consulting, LLC., Lancaster, PA, Nitrous  
Oxide Analgesia/Mild Sedation (14 hours)
- Aug 9-11, 2012 Conscious Sedation Consulting, LLC., Minneapolis, MN, Moderate  
IV Sedation Course, Pharmacology of Commonly Used Intravenous  
Drugs, Nitrous Oxide Analgesia, Management of Medical  
Emergencies in the Dental Office (20 hours)
- Nov 29, 2012 Lecturer in General Practice Residency Series. Introduction and  
Overview of Anesthesiology Rotation. Review of Commonly Used  
Anesthetic Medications. (2 contact hours/yr) Albert Einstein College  
of Medicine, Jacobi Medical Center.
- Oct 22-24, 2012 Conscious Sedation Consulting, LLC., Ft. Lauderdale, FL,  
Moderate IV Sedation Course, Pharmacology of Commonly Used  
Intravenous Drugs, Nitrous Oxide Analgesia, Management of  
Medical Emergencies in the Dental Office (20 hours)
- Jan 6, 2013 Interdisciplinary Pain Course, University of Pennsylvania School of  
Medicine, Dental Medicine, and Nursing. Lecture on Local and  
Regional Anesthesia (2 contact hours)
- Apr 12-14, 2013 Conscious Sedation Consulting, LLC., Salt Lake City, UT,  
Moderate IV Sedation Course, Pharmacology of Commonly Used

- Intravenous Drugs, Nitrous Oxide Analgesia, Management of Medical Emergencies in the Dental Office (20 hours)
- Jun 7, 2013      Peripheral Nerve Block Workshop, University of Pennsylvania, Nurse Anesthesia Program (8 hours)
- Sept 21, 2013      Perioperative Anesthetic Management of Patients with HIV/AIDS, ASDA 2013 John A. Yagiela Review Course, American Society of Dental Anesthesiology (1 hour)

Upcoming Lectures:

- Nov 11, 2013      University of Pennsylvania School of Dental Medicine. Philadelphia, PA. Grand Rounds: Successful Treatment of Severe Intraoperative Bronchospasm in a Nasally Intubated Pediatric Dental Patient. (1 hour)
- Nov 12-13, 2013      University of Pennsylvania School of Dental Medicine. Philadelphia, PA. Continuing Dental Education Series: Nitrous Oxide/Oxygen Analgesia Course (14 hours)
- Dec 2, 2013      Management of Medical Emergencies in the Dental Office. Greater NY Dental Meeting (1 hour)

Research Publications, Peer Reviewed:

Golden LG, DeSimone HA, Yeroshalmi F, Pranevicius M, **Saraghi M**. Severe Intraoperative Bronchospasm Treated with a Vibrating-Mesh Nebulizer. *Anesth Prog*. 2012; 59: 123-126.

**Saraghi M**, Badner VM, Golden LR, Hersh EV. Propofol: An Overview of Its Risks and Benefits. *Compend Contin Educ Dent*. 2013 Apr;34(4): 252-8, 260.

**Saraghi M**. Hersh EV. Three Newly Approved Analgesics: An Update. *Anesth Prog*. Accepted for publication 21 Aug 2013.

**Gina L. Salatino D.M.D., B.S.**

**PERSONAL INFORMATION**

**Date of Birth:** February 19, 1981  
**Place of Birth:** Torrance, California  
**Citizenship:** United States of America

**EDUCATION**

**2006-2010** University of Nevada - Las Vegas School of Dental Medicine, DMD -May 2010  
**2005** University of Nevada – Reno  
**2002-2005** California State University – Sacramento  
**B.S. Biology, Minor Chemistry -May 2005**  
**2000-2001** Brigham Young University – Hawaii  
**1999-2000, 2001-2002** Sierra College  
Associate Arts and Associates of Science June 2002

**AWARDS**

**2012** Fellowship in DOC’S Education  
**2011** Preferred Provider Invisalign  
**2010** American Association of Endodontics – Student Achievement Award in Endodontics

**SPECIAL DENTAL TRAINING**

**2012- present** Conscious Sedation Permit  
**2010-present** Oral Conscious Sedation Permit  
**2011-present** Dental Implants  
**2009-present** Extractions of Full-Boney, Partial-Boney, and Soft-Tissue Impacted wisdom teeth  
**2009-present** Molar Root Canal Therapy  
**2011-present** Invisalign Preferred Provider

**ACTIVITIES**

University of Nevada, Las Vegas, School of Dental Medicine  
**2009-2010** Senior Class Council member  
**2009-2010** ASDA Senior Class Representative  
**2009** Flying Doctors participant  
**2009** Dr. L. Stephen Buchanan Endodontic Graduate Course invitation  
**2007-2010** Give Kids a Smile Day participant  
**2008-2010** UNLV Children’s Clinic participant

**California State University, Sacramento**

**2004-2005** President, Pre-Dental Club  
**2003-2004** Pre-Dental Club member

**EMPLOYMENT**

**2012- Current** Waikiki Dental Practice of Dr. Gina Salatino, DMD  
Owner/ General Dentist  
953 Pleasant Grove Blvd. ste 140  
Roseville, Ca. 95678

**2010-Current**

**Lawndale Cosmetic Dentistry  
General Dentist – Referral Endodontic Treatment  
16817 S. Prairie Ave.  
Lawndale, Ca. 90260**

**2010- 2012**

**Smile Quest Dental  
Associate General Dentist  
6500 Lonetree Blvd.  
Rocklin, Ca. 95675**

**2005-2007**

**US Bank - Teller  
North Auburn Office  
2360 Grass Valley Hwy  
Auburn, CA 95603**

### **PROFESSIONAL MEMBERSHIPS**

**2004-present**

**American Dental Association**

**2006-present**

**Christian Medical and Dental Association**

**2009-present**

**Academy of General Dentistry**

**2010-present**

**Sacramento Dental Society**

**2010-present**

**California Dental Association**

**2010-present**

**DOC'S Education**

**2010-2011**

**American Association of Endodontics**

**2006-2009**

**American Academy of Pediatric Dentistry**

**2006-2010**

**American Dental Education Association**

**--Student Chapter**

### **INTERESTS**

**2008-present**

**Co-ed Team Soccer**

**2001-2004**

**Coached Junior High and High School Volleyball**

**2000**

**Coached Junior High Track and Field**

**1995-present**

**Musician/Guitarist**

**1995-present**

**Snowboarding**

