|  |
| --- |
| **Section 4 Patient Record-Keeping** |

**Practice/clinic name:**

Please note for this section the inspectors will require access to a small sample of sedation patient records. Meeting the following inspection requirements might help in a possible future medico-legal situation.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Patient records demonstrate detailed recording\* of:** | Dentist 1 | Dentist 2 | Dentist 3 | Dentist 4 | Dentist 5 |
| Pt 1 | Pt 2 | Pt 3 | Pt 1 | Pt 2 | Pt 3 | Pt 1 | Pt 2 | Pt 3 | Pt 1 | Pt 2 | Pt 3 | Pt 1 | Pt 2 | Pt 3 |
| 1 | A | Pre-sedation assessment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | A | Consent |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | A | Delivery of sedation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | A | Pre-operative, intra-operative and post-operative clinical signs. BP and SaO2 where applicable. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 | A | Recovery |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | A | Discharge**\*\*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| \*For each patient, keep a detailed record of the pre-sedation assessment, consent, the visit for conscious sedation including monitoring, the treatment procedure and the recovery. Further details of the information to be recorded, which depends on the patient’s condition and the sedation technique are given in Appendix 1. |
| \*\* See Appendix 2. |

|  |
| --- |
| **Comments** |
|  |