

CAROLINA FAMILY HEALTH CENTERS, INC.

Carolina Family Dental Center • Freedom Hill Community Health Center • Harvest Family Health Center • Wilson Community Health Center

Monitoring Nitrous Oxide Use

Name: _____

Dental Assistant/Hygienist: _____

DOB: _____

Dentist: _____

ASA Class: **I** **II** **III** **IV** **V** **VI**

Significant Medical History:

Initial BP: _____ mmHg

Initial Pulse: _____ bpm

Initial Pulse Ox: _____%

Time of Start O2: _____ am/pm

Time of Start N2O: _____ am/pm

Flow Rate: _____ L/min

Initial % N2O: _____%

Established N2O%/O2%: _____% N2O / _____% O2

Optional:

Intra-Op BP: _____ mmHg

Intra-Op Pulse: _____ bpm

Intra-Op Pulse Ox: _____%

End Time N2O: _____ am/pm

End Time O2: _____ am/pm

Post-Op BP: _____ mmHg

Post-Op Pulse: _____ bpm

Post-Op Pulse Ox: _____%

Pt dismissal time: _____ am/pm