



DR. DAVID RUSHKA INC.
GENERAL DENTISTRY

CONSCIOUS SEDATION SCREENING FORM

NAME: _____ **AGE:** _____

HEIGHT: _____ **FT** **M** **WEIGHT:** _____ **LB** **KG**

STOP		
Do you SNORE loudly (louder than talking or loud enough to be heard through closed doors)?	YES	No
Do you often feel TIRED , fatigued, or sleepy during daytime?	YES	No
Has anyone OBSERVED you stop breathing during your sleep?	YES	No
Do you have or are you being treated for high blood PRESSURE ?	YES	No

FOR OFFICE USE ONLY:

BANG		
BMI more than 35kg/m ² ?	YES	NO
AGE over 50 years old?	YES	NO
NECK circumference greater than 40 cm?	YES	NO
GENDER: Male?	YES	NO

STOP-BANG SCORE:

HIGH RISK OF SLEEP APNEA:

ANSWERING YES TO 3 OR MORE ITEMS

LOW RISK OF SLEEP APNEA:

ANSWERING YES TO LESS THAN 3 ITEMS

BMI SCORE:

	ASA CLASSIFICATION	
ASA I	A normal healthy patient	Healthy, non-smoking, no or minimal alcohol use
ASA II	A patient with mild systemic disease	Mild diseases only without substantial functional limitations. E.g. Smoker, social alcohol drinker, obesity 30<BMI<40, well-controlled DM/HTN, mild lung disease
ASA III	A patient with severe systemic disease	Substantive functional limitations; one or more moderate to severe diseases. E.g. poorly controlled DM/HTN, morbid obesity (BMI>40), COPD, ESRD, active hepatitis, implanted pacemaker, alcohol dependence/abuse, history (>3 months) of MI, CVA, TIA or stents
ASA IV	A patient with severe systemic disease that is a constant threat to life	

MALLAMPATI AIRWAY CLASSIFICATION:

SASSOON AND YOUNG MODIFICATION

