

Department of Developmental Services

HRC Review of Pre-Sedation for Medical/Dental Care

Name of Individual:	DDS #
Address:	Agency/Facility:
Medication(s) Ordered:	

The use of this medication for pre-sedation has been reviewed by the PST and is being sent to HRC (check one) for review. The following required documents are included:

- Copy of Current MD/Prescriber order for pre-sedation medication
 Copy of Consent – Attachment C
 Completed *Consideration for Pre-Sedation for Medical/Dental Care* – Attachment B
 Completed *Use of Pre-Sedation Medication for Medical/Dental Care Tracking* (If applicable) – Attachment D

Signature:

(QMRP or designee)

Date:

The HRC is designated as the Specially Constituted Committee for the DDS Region to review the use of pre-sedation for medical/dental procedures. The committee is responsible to review, monitor and make suggestions regarding policy and practice.

Recommendations: Yes No (If yes, list below)

Comments: _____

Signature(s): _____

Date of Review: _____

Regional Director Review

Recommendations: Yes No (If yes, list below)

Comments: _____

Signature: _____

Date: _____