



Conscious sedation informed consent form

The purpose of this document is to provide an opportunity for the patient to understand and give permission for conscious sedation when providing along with dental treatment. Each item should be initialed after the patient has the opportunity for discussion and questions.

The medications we use are typically Triazolam (Halcion), Lorazepam (Ativan), Diazepam (Valium), Midazolam (Versed). These medications can greatly minimize anxiety that may be associated with going to the dentist. In a relaxed state, you will still be able to communicate with the dentist while treatment is being performed. Even though it is safe, effective and wears off rapidly after the dental visit, you should be aware of some important precautions and considerations.

_____ 1. I understand that the purpose of conscious sedation is to more comfortably receive necessary care. Conscious sedation is not required to provide the necessary dental care. I understand that conscious sedation has limitations and risks and absolute success cannot be guaranteed.

_____ 2. I understand that conscious sedation is a drug induced state of reduced awareness and decreased ability to respond. Conscious sedation is not sleep. I will be able to respond. My ability to respond normally returns when the effects of the sedative wear off.

_____ 3. I understand that my conscious sedation will be achieved by the following route:
Oral administration: I will take a pill approximately _____ min before my appointment. The sedation will last approximately _____ to _____ hours.

_____ 4. I understand that the alternatives to conscious sedation are:

_____ A. No sedations: The necessary procedure is performed under Local anesthetic with the patient fully aware.

_____ B. Nitrous Oxide sedation: commonly called laughing gas, Nitrous oxide provides relaxation but the patient is still generally aware of surrounding activities. Its effects can be reversed in five minutes with oxygen.

_____ C. Anxiolysis: taking a pill to reduce fear and anxiety

_____ D. Oral Conscious (minimal or moderate) sedation: Sedation via pill form that will put me in a minimally to moderately depressed level of consciousness

_____ E. Intravenous (I.V.) Conscious (Minimal or Moderate) sedation: The doctor could inject the sedative in a tube connected to a vein in my arm to put me in a minimally to moderately depressed level of consciousness. (NOT DONE IN THIS OFFICE)

_____ F. General Anesthesia: Also called Deep sedation, a patient under general anesthetic has no awareness and must have their breathing temporarily supported. General anesthesia is more appropriate for longer procedures lasting 5 or more hours. (NOT DONE IN THIS OFFICE)

_____ 5. I understand that there are risks and limitations to all procedures.
For sedation these include:

_____ (Oral sedation) Inadequate sedation with initial dose may require the patient to undergo the procedure without full sedation or delay the procedure for another time.

_____ Atypical reaction to sedative drugs which may require emergency medical attention and/or hospitalization such as altered mental status, physical reactions, allergic reactions, and other sicknesses.

_____ Inability to discuss treatment options with the doctor should circumstance require a change in treatment plan.

_____ other risks include nausea/vomiting, allergy to medications, irritation and /or pain/swelling to skin and veins (IV only), breathing problems, brain damage, cardiac arrest and death.

_____ 6. If during the procedure, a change in treatment is required, I authorize the doctor and operating team to make whatever change they deem in their professional judgment is necessary. I understand that I have the right to designate the individual who will make such a decision.

_____ 7. I have the opportunity to discuss conscious sedation and have my questions answered by qualified personnel including the doctor. I also understand that I must follow all the recommended treatment and instructions of my doctor.

_____ 8. I understand that it is critically important that I fully discuss my complete medical history with the doctor before sedative medication is administered.

_____ 9. I understand that I must notify the doctor if I am pregnant, or if I am lactating. I must notify the doctor if I have sensitivity to any medication as well as my present mental and physical condition, if I have recently consumed alcohol, and if I am presently on psychiatric mood altering drugs or other medications.

****You should NOT use these medications if you are pregnant, breast feeding, or have significant liver or kidney disease. ****

_____ 10. I will tell the doctor **ALL** medications (this includes prescription and nonprescription as well as multivitamins and herbal supplements) that I am taking as they can adversely interact with the sedation medications: Some of these include but are not limited to: nefazodone (Serzone); cimetidine (Tagament, Tagament HB, Novocimetine or eptol); levodopa (Dopar or Larodopa) for parkinsons' disease; antihistamines (such as Benadryl and travist); verapamil (Calan); diltiazem (Cardizem); erythromycin and azol antimycotics (nizoral, bbiaxin, orporanzox); HIV drugs indinavir and nelfinovir, and alcohol. Of course taking recreational/illicit drugs can also cause untold reactions. Smokers may notice a decrease in the medications ability to achieve desired result.

_____ 11. I will not be able to operate machinery while taking oral sedatives for 24 hours after my procedure. I understand I will need to have arrangements for someone to drive me to and from my dental appointment while taking oral sedatives. On the way home from the dentist, your seat in the car should be in a reclined position. While at home, lie down with your head slightly elevated. An adult should stay with you for the next 24 hrs because of possible disorientation and possible injury from falling. **An adult escort is required to bring you to the appointment, stay during appointment and take you home.**

_____ 12. I hereby consent to conscious sedation in conjunction with my dental care.

Parent /Guardian (if under 18)

Date

Witness

Escort name: _____

Escort phone number: _____

Medication given and dose: _____

Consent To Administer Local Anesthetic

During the administration of local anesthetic you may feel what appears as an electric shock. This usually happens with lower injections. In rare cases when this occurs numbness may be prolonged-most cases just a few hours in very rare cases permanently.

PATIENT SIGNATURE _____ DATE _____

Patients and guardians should be told before their appointment:

- No food or water (except water with meds) for six hour prior to appointment
- No sedatives for 24 hours before/after (other than the prescriptions given to the patient by the treating dentist)
- No stimulants for 12 hours before/after
- No chance of pregnancy
- No sensitivities to Benzodiazepines, Hydroxyzine, Zaleplon
- No contact lenses
- Wear loose clothing
- An adult escort is required to bring you to the appointment, stay during appointment and take you home.

Patients should be told before that the following their appointment

- No driving for 24 hrs after
- No operating hazardous devices
- No heavy lifting
- No stairs
- No important decisions
- An adult escort is required to bring you to the appointment, stay during appointment and take you home.

PATIENTS SIGNATURE _____ DATE _____

DOCTOR SIGNATURE _____ DATE _____