

Consent for Conscious Oral or Intravenous (IV) Sedation

for _____ (Patient Name)

The purpose of this document is to ensure that you understand conscious sedation and consent to its use during your dental treatment. Please read each item carefully and initial next to the item after you have had the opportunity to discuss it with your Dentist, and your questions and concerns, if any, have been answered to your satisfaction.

1. I understand that the purpose of conscious sedation is to receive dental care more comfortably. Conscious sedation is not required to provide the dental care; rather it is an adjunct to make the procedure more comfortable for the patient. I understand that conscious sedation has limitations and risks and absolute success cannot be guaranteed.

Initials

2. I understand that conscious sedation is a drug induced state of reduced awareness and decreased ability to respond. I understand that Conscious Sedation will not put the patient to sleep, rather it is the elective utilization of a sedative medication to reduce fear and anxiety. The patient can communicate during the procedure, if needed. The patient's ability to respond normally returns when the effects of the sedative wear off.

Initials

3. I have provided my dentist with my up-to-date medical history and informed my dentist of any changes to my mental and physical health. I have informed my doctor of all medications, supplements, and recreational drug use.

Initials

4. I understand that the options of Conscious Sedation include:

- i. No sedation: Treatment is performed using a local anesthetic, or not, and the patient is fully aware of surrounding activity.
- ii. Nitrous oxide sedation, i.e. "laughing gas": Provides mild relaxation through inhalation of the gas, and the patient is still generally aware of surrounding activity. Its effects are rapidly reversed with the administration of oxygen.
- iii. Anxiolytics, i.e. "oral sedation": A sedative pill is taken prior to treatment to reduce anxiety and fear.
- iv. Intravenous sedation, i.e. "IV Sedation": The slow injection or drip of a sedative into a vein. Typically this results in a deeper conscious sedation than oral sedation.
- v. General anesthetic: Generally used in a hospital setting or specialized surgical facilities, it requires breathing tube support and the patient has no awareness of his surroundings.

Initials

5. To be used in conjunction with my dental treatment, I consent to the use of (please check one):

- i. Oral conscious sedation
- ii. Oral conscious sedation plus nitrous oxide gas
- iii. Intravenous conscious sedation

Initials

6. I understand that there are risks or limitations to all procedures. For sedation these include:

- i. Inadequate sedation with the initial dosage may require patient to undergo the procedure without full sedation or postponement of procedure to another day.
- ii. Atypical reaction to sedative drugs which may require emergency medication attention and/or hospitalization such as altered mental state, physical reactions, allergic reactions and other unforeseen sickness.

Initials

Initials



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- iii. Other possible risks include but are not limited to the following: nausea, vomiting, over and under sedation, re-sedation, hyper-emotional response and/or emergency delirium. _____
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- iv. Inability to discuss treatment options with the doctor or should circumstance require, a change in treatment plan. _____
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- 7. I understand that I/the patient undergoing conscious sedation MUST be accompanied home by a known, responsible adult and supervised for 24 hours following treatment. _____
Initials

- 8. I understand that I/the patient undergoing conscious sedation is considered legally impaired for 24 hours following administration of the sedative medication. I understand that I/the patient should not drive, operate any machinery or devices, or make any important decisions such as signing legal documents, etc. during this recovery time. _____
Initials

- 9. I understand that I/the patient must FAST/ABSTAIN FROM EATING for 8 hours before the appointment. (Patients with diabetes should discuss this with their treating dentist.) I understand that this is for patient safety and failure to comply will result in the appointment being cancelled. _____
Initials

- 10. I understand that I must abstain from drinking alcohol, using marijuana or any other recreational drugs for a minimum of 24 hours prior to and following the appointment. Again, I understand that this is for patient safety, as recreational drugs can have fatal consequences when mixed with the medications used in conscious sedation. _____
Initials

- 11. I understand that I/the patient should take my regular medications (blood pressure, cholesterol etc.) or medications provided by this office (unless otherwise stated by your physician or dentist) with a sip of water. If I have any questions about my medications, I will ask the dentist. _____
Initials

- 12. I have informed the attending Dentist of and/or agree to the following:
 - i. I am not pregnant or breast feeding.
 - ii. I have disclosed all medications, supplements and recreational drugs that I currently take.
 - iii. I have disclosed any known allergies.
 - iv. I am of sound mental and physical ability to make the decision to use conscious sedation, and I understand what it is and what it is not._____
Initials

- 13. I understand that no guarantee can be promised, and I give my free and voluntary consent for treatment. I realize that my dentist may discover unforeseen conditions requiring different treatment; if, in the professional judgment of the attending Dentist, a change in treatment is indicated, I authorize her to proceed with it. I also understand that I have the right to designate another individual to discuss any changes of treatment with the Dentist. _____
Initials

I authorize _____ (Name of Designate) to make the decision on my behalf to change my treatment plan as advised by the attending Dentist.

Patient/Guardian: _____ Date: _____

Patient Signature: _____ Witness: _____

Dentist: _____ Date: _____