

About Your Sedation Visit

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Name: _____

Appointment date: _____

Pharmacy information: _____

Pre-IV sedation medications: Valium/Triazolam

- No sedatives for 24 hours before or 24 hours after visit, including alcohol.
- No stimulants for 12 hours before and 12 hours after visit (caffeine or nicotine).
- No grapefruit juice or St. John's Wort.
- **THERE CAN BE NO CHANCE THAT YOU ARE CURRENTLY PREGNANT.**
- No driving or operating hazardous devices for 24 hours after sedation medications.
- No heavy lifting.
- No stairs for 12 hours.
- No work for 24 hours.
- No food or water for 6 hours prior to your appointment, except for your regularly prescribed meds.
- No fingernail polish on the day of your procedure.

____ I understand that I take nothing by mouth 6 hours prior to appointment

____ I will have a companion available to take me home from my sedation appointment and monitor you for 3-4 hours after returning home

____ I will **take/not** take the following medications: _____

____ I understand that I will have to pay in full for an appointment that cannot be completed due to non-compliance to the above conditions.

_____ I understand that payment in full is expected one week prior to sedation appointment. Any other arrangements are at the discretion of Village Dental

Signature/Parent-Guardian _____

Date _____

Conscious Sedation Consent

Village Dental North Raleigh
Maja V. Martin, DDS
Conscious Sedation Informed Consent

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

_____ 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 (See #4 options.)

_____ 2. I understand that conscious sedation is a drug-induced state of reduced awareness and decreased ability to respond. Conscious sedation is not sleeping. I will be able to respond during the procedure. 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 Valium _____ pills **(the night before the appointment)** and Triazolam _____ pills approximately **1 hour prior to appointment.**

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

_____ No sedation: the necessary procedure is performed under local anesthetic with the patient fully aware.

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

_____ Nitrous Oxide: commonly called laughing gas, nitrous oxide provides relaxation but the patient is still generally aware of surrounding activities. Its effects can be reversed in 5 minutes with oxygen.

_____ Intravenous Administration: the doctor could inject the sedative in a tube connected to a vein in my arm.

_____ General Anesthesia commonly called deep sedation, a patient under general anesthesia has no awareness and must have their breathing temporarily supported. General anesthesia is appropriate for longer procedures lasting 3 or more hours.

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

_____ (Oral Sedation) Inadequate sedation with initial dosage 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 states, physical reactions, allergic reactions, and other sicknesses.

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

_____ 6. If, during the procedure, a change in treatment is required, I authorize the Doctor's of Village Dental North Raleigh and staff to make whatever change they deem in their professional judgment necessary. I understand that I have the right to designate the individual who will make such a decision.
_____ Tel. _____

_____ 7. I have had the opportunity to discuss conscious sedation and have had my questions answered by the qualified personnel of Village Dental including Dr. Martin/Dr. Rodriguez. I also understand that I must follow all the recommended treatments and instructions of Dr. Martin/Dr. Rodriguez.

_____ 8. I understand that I must notify Dr. Martin/Dr. Rodriguez if I am pregnant, or if I am lactating. I must notify Dr. Martin/Dr. Rodriguez if I have sensitivity to any medication, of 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.

_____ 9. I will not be able to drive or 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.

_____ 10. I hereby consent to conscious sedation in conjunction with my dental care.

_____ 11. I will have a companion available to pick me up from my appointment within 30 minutes of our call. If you are unavailable or not reachable 30 minutes from our call, a fee of \$50.00 will be charged to the account. Each additional 30 minutes will incur a \$50.00 charge.

Patient/Guardian

Date

Witness

Companion Form

Companion Instructions

What to expect after today's dental visit:

Thank-you for being there for our patient following their scheduled dental visit today!
If you decide to leave during the appointment, please be available to pick up the patient within 30 minutes of our call. If you are unavailable or we cannot reach you within that 30 minute timeframe, a fee may be incurred.

The following is important information about caring for our patient after conscious sedation.

- 1. NO DRIVING** for the patient for **24-hours** after taking any oral anxiolysis medication.
- 2.** When you pick up our patient, be sure to park in the spaces closest to our office.
- 3.** Our office policy requires US to 'buckle in' our patient into the passenger side of your parked car. We will escort the patient to your car.
- 4.** Call us immediately upon arriving home.
- 5.** Our patient will not be unconscious! They may say "I remembered everything" or "I was not asleep". Do not be alarmed, this behavior is not uncommon. Without exception, the majority of their visit will be forgotten by tomorrow evening. Tell them everything went smoothly and know that we are very particular about their utmost comfort throughout the procedure. The medications we use have very strong

properties of amnesia.

6. Remind the patient to drink LOTS of water after their visit. This helps prevent pain and a 'hangover' like feeling the next day.

7. Be sure the patient does not have more than one pillow behind their head if they want to lay down. We want to keep their airway open so they can breath easily. They will probably be drowsy and want to go to sleep.

8. No stairs for 24-hours.

9. No work for 24-hours.

10. No heavy lifting for 24-hours.

11. Be sure to read carefully any post-op instructions included in the patients 'take-home' bag.

12. Around dinner time, the patient should be starting to feel more energetic, and may continue to be thirsty. Encourage lots of water drinking and a soft diet tonight.

Call the office at 919.847.0902 should you have any emergency questions or concerns.

I have received the above instructions and agree to follow the instructions as listed above.

Companion/Driver Name: _____ Phone: _____

Companion/ Driver Signature: _____ Date: _____