

ABOUT YOUR IV SEDATION VISIT



Name: _____

Appointment date and Time: _____

Before Your Appointment:

- You must not eat 6 hours prior to your sedation appointment and can only consume clear liquids (water, black coffee, apple juice, Gatorade, soda) 2 hours prior to your appointment start time. This is critical for our ability to keep you safe during your appointment. If not followed, this will result in having to cancel the scheduled appointment. If we do so, you will be responsible for payment in full.
- You must have a designated companion who will drive you to and from your sedation appointment and will stay with you for a minimum of 4 hours after your appointment.
- If you are given pre-sedation medications (triazolam/valium) be sure to take them as prescribed.
- Daily medications to be taken the morning of appointment with a small sip of water: _____
- Daily medications to be skipped the night before or the day after your appointment: _____
- Do not consume alcohol, grapefruit juice, St. Johns Wort, or any recreational drugs the day before or after your sedation appointment as they could adversely effect your sedation experience.
- Wear comfortable clothes and remove any nail polish. Nail polish interferes with our ability to monitor your oxygen levels and keep you safe.

After Your Appointment:

- The effects of the sedation medications can last up to 24 hours following your appointment. These effects could include impaired judgement, reduced motor activity and balance, and memory loss. To keep yourself and others safe, in the 24 hours following your appointment,

You should not:

- Drive a car or operate heavy machinery
- Make any important decisions (personal or work related)
- Avoid going up or down stairs
- Avoid heavy lifting
- Sleep with more than 1 pillow under your head
- Carry, sleep next to or care for a young child
- Consume alcohol or any other controlled substances
- Take post-op prescription pain medications unless in the presence of “break-through pain” that is not controlled by the tylenol/Ibuprofen combination.

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Recommended:

- Rest and perform calm activities such as reading, listening to music, or watching TV.
- Drink plenty of water to rehydrate. This is important to avoid the potential “hang-over” effect of sedation.
- Eat small frequent meals and avoid hot, spicy foods and carbonated drinks.
- Have someone hold your arm while walking, especially if you must go up or down stairs.
- If you have a CPAP, put it on when you get home.
- Take your post op medications as prescribed, especially the Tylenol/Ibuprofen combination.
- If nursing, pump and dump for 24 hours following your appointment.
- Resume your normal daily medications regime the following day.

Companion Instructions:

- For pick up, park in the designated parking spot and call the front desk to inform them you have arrived.
- To keep the patient safe, we are required to “buckle-in” the patient into the passenger side of the vehicle.
- Call us immediately upon arriving home.
- 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.
- Please read carefully over all the included post-op instructions and follow them carefully to keep the patient safe and comfortable.
- If you or the patient have any questions or concerns after reading the included instructions, please contact the office. Because the patient will most likely not remember for up to 24 hours following their appointment, we ask that you contact the office with any questions or concerns.

Patient/Guardian Signature: _____ Date: _____

Companion/Driver Signature: _____ Phone: _____

INTRAVENOUS ("I.V.") CONSCIOUS (OR MODERATE) SEDATION INFORMED CONSENT FORM



Patient Name: _____

The purpose of this document is to provide an opportunity for patients to understand and give permission for intravenous ("I.V.") conscious (or moderate) sedation when provided along with dental treatment.

_____ 1. I understand that the purpose of I.V. conscious (or moderate) sedation is to more comfortably receive necessary care. I.V. conscious (or moderate) sedation is not required to provide the necessary dental care. I understand that I.V. conscious (or moderate) 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 sleep. 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 (or moderate) sedation will be achieved by the following route:

_____ I.V. Conscious (or moderate) Sedation: The doctor or trained auxiliary 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.

_____ 4. I understand that the alternatives to I.V. conscious (or moderate) sedation are:

_____ a. No sedation: 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 (or moderate) Sedation: Sedation via sedative pill form that will put me in a minimally depressed level of consciousness.

_____ e. 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 3 or more hours.

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

_____ Inadequate sedation: Inadequate sedation with initial dosage may require the patient to undergo the procedure without full sedation or delay the procedure for another time. Likewise, in compliance with state regulations, additional dose or doses may be required to complete the procedure.

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

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

_____ 6. If, during the procedure, a change in treatment is required, I authorize the doctor and the operative 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. Name _____ Phone _____

_____ 7. I have had the opportunity to discuss I.V. conscious (or moderate) sedation and have my questions answered by qualified personnel including the doctor. I also understand that I must follow all the recommended treatments and instructions of my doctor.

_____ 8. 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, 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 for 24 hours after my procedure. I understand I will need to have arrangements for a companion to drive me to and from my dental appointment and stay with me for a minimum of 4 hours following my appointment.

_____ 10. I hereby consent to I.V. conscious (or moderate) sedation in conjunction with my dental care.

_____ 11. I understand if I am diagnosed with sleep apnea and have a CPAP, my companion and myself are aware that I am required to wear and use the CPAP during Post-Op for proper recovery and safety.

_____ a. If not, I am aware that I am at risk for increasing the health risk underlined below.

- Coronary artery disease
- High blood pressure
- Diabetes
- Cerebrovascular Disease
- Stroke
- Heart attack
- Mood Disorders
- Excessive daytime sleepiness
- Increased traffic related accidents
- Complications with medications and Post Op recovery

_____ 12. 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.

_____ 13. I understand that no cell phones will be allowed in operatory rooms. Village Dental will not be responsible for any damage sustained or any communications/changes in your device during your sedation appointment.

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_____ 14. I understand that Village Dental may have to change the provider for the procedure that I have approved due to unforeseen circumstances that could arise on the day of my appointment. These circumstances could include but are not limited to the arrival of higher acuity patients, changes in schedule, or a change in treatment.

_____ 15. I authorize the clinical staff to make the decision to not complete all intended treatment due to complications that may arise during my sedation appointment. These complications may include but are not limited to abnormal vital signs, unsafe length of appointment, adverse reactions to the medications used for sedation, or extended time needed to complete the treatment.

_____ 16. I understand that I cannot be pregnant at the time of my sedation appointment.

_____ 17. I understand that I must not eat anything 6 hours prior to my appointment, but may drink clear liquids (black coffee, apple juice, water, soda, Gatorade) up to 2 hours prior to my appointment.

Patient/ Guardian Signature _____ Date _____

Witness Signature _____

Sedation Interview Checklist

- ___ 1. Review medical hx, allergies, and any medications taken by patient. Document any follow up answers in patients' medical hx. Review Lexicomp and ASA Status.
- ___ 2. Confirm Correct UTD pharmacy information
- ___ 3. IV Evaluation (fear of needles, need for additional premed, difficult IV start) (Document in pts med hx)
- ___ 4. Inform patients of which medications they can continue to take and ones to discontinue before appointment (Note in their "About Sedation" form)
- ___ 5. Review any contraindications for taking premeds (sleep apnea, breastfeeding during the night, under 18, patient currently taking sleep aids)
 - ___ 3A. (For appointments before noon) Take 10mg of valium the night before (assists in sleep/anxiety/sedation the following day)
 - ___ 3B. 0.25mg of triazolam one hour before appointment (helps with anxiety, less medication to sedate)
- ___ 6. Nothing to eat 6 hours before appointment and only clear liquids (black coffee, Gatorade, apple juice, sodas, water, tea) 2 hours before appointments
- ___ 7. Expectations for when patient begins appointment (vitals, IV)
- ___ 8. Review medications used for sedation and importance of taking post op medications as prescribed
- ___ 9. Explain conscious sedation and the possibility the patient might be more aware during certain aspects of the procedure if restorative work is completed
- ___ 10. Review safety measures in place (RN/trained monitor in room to ensure vitals are wnl, pt is sedating well and comfortable)
- ___ 11. Any Questions?

Date

Performed by (DDS or STM)

Absolute Contraindications for Valium: Sleep Apnea

Relative Contraindications for Valium:

- Type 1 DM (Ask pt about their nighttime blood sugar concerns)
- Breastfeeding (Tell pt that they should not breastfeed after taking premeds, otherwise do not prescribe)
- Under 18 (Based on patient's size; consider reducing dose of valium or consider Ativan, not triazolam)
- Sleep aids (Skip valium, keep triazolam and consider 0.5mg)

Approved Premeds:

Valium Dose: _____

Triazolam Dose: _____