

# Informed Consent for Oral Conscious Sedation



Patient Name: \_\_\_\_\_

The following is provided to inform the patient, or the parent/guardian of a patient under the age of 18 years, of the choices and risks involved with having treatment under conscious sedation. This information is presented to enable them to be better informed concerning their treatment. The type of sedation administered will be determined on an individual basis. The choices of anesthesia are local anesthesia alone, oral conscious sedation, and/or nitrous oxide inhalation sedation. The most commonly used sedative is **Triazolam (Halcion)**. Although usually prescribed as a sleeping pill, triazolam is a medication that can greatly minimize anxiety that may be associated with going to the dentist. In a relaxed state, the patient will still be able to communicate with the dentist while treatment is being performed. **We do not treat patients under 3 years of age or under 15 kilograms for this type of sedation.**

NOTE: This consent form and dental treatment consent form should be signed before you take the medication. Please initial each of the sections below as you review them. Be sure to ask any questions you may have before the medication is administered.

\_\_\_\_\_ I understand that the purpose of sedation is to more comfortably receive care, and is not required. I understand that sedation has limitations and risks and absolute success cannot be guaranteed. I understand there are other alternatives to sedation dentistry to include no sedation of any kind.

\_\_\_\_\_ I am not taking the following medications: recreational street drugs, alcohol, Serzone (nefazidibe), Tagamet or peptol (cimetidine), levodopa for Parkinson's disease, antihistamines such as Benadryl or Tavist, Verapamil, Cardizem (diltiazem), erythromycin, antimycotics (Nizoral, Biaxin or Sporanox), indinavir or nelfinavir for HIV.

\_\_\_\_\_ I do not have a history of hypersensitivity to benzodiazepines (Valium, Ativan, Versed etc.) nor do I have liver and/or kidney dysfunctions.

\_\_\_\_\_ I have been informed and understand that occasionally there are complications of the sedation medications including but not limited to minor conditions such as pain, nausea, vomiting, light headedness, headache, amnesia, allergic reaction, visual disturbances; to serious adverse problems such as respiratory depression which can be fatal. I further understand and accept the risk that complications may require hospitalization. I have been made aware that the risks associated with local anesthesia, conscious sedation and inhalation sedation vary. The most frequent side effects are drowsiness, nausea and vomiting.

\_\_\_\_\_ I understand that anesthetics, medications and drugs may be harmful to an unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility for informing Dr. Lin of a suspected or confirmed pregnancy with the understanding that this will necessitate the postponement of anesthesia. For the same reason I understand that I must inform Dr. Lin if I am a nursing mother.

\_\_\_\_\_ Inadequate initial dosage may require the patient to undergo the procedure without sedation, delay the procedure for another time, or extend current appointment time and take additional medication.

\_\_\_\_\_ Nitrous oxide inhalation may be used in conjunction with oral medications and local anesthetics.

\_\_\_\_\_ I understand that during the procedure, a change in treatment may be required. I authorize the doctor and the operative team to make whatever change they deem in their professional judgment is necessary. I authorize the doctor to discuss my care and instructions with my designated escort. I understand that I have the right to designate the individual who will make such decisions:  
\_\_\_\_\_.

\_\_\_\_\_ I understand that sedation is a drug-induced state of reduced awareness and decreased ability to respond. The onset of triazolam is 15 to 30 minutes, the peak effect is at 1-2 hours and the duration is 1-6 hours. I will have a driving escort after treatment, and I will have an escort for a minimum of 4-6 hours after treatment.

\_\_\_\_\_ Because multiple medications may cause drowsiness, I have been advised not to operate any vehicle or hazardous device for at least 12 hours post anesthesia. I will not take any post-operative narcotics until 8 hours after completion of my procedure.

\_\_\_\_\_ I have been advised not to make any major or important decisions until after full recovery from the anesthesia. I understand that those with a history of chemical dependency have a risk of relapse after anesthesia and should take appropriate precautions.

I have been fully advised of and accept the possible risks and dangers of sedation. I also completely understand the alternatives to sedation. I acknowledge the receipt of and understand both the pre-operative and post-operative sedation instructions. It has been explained to me and I understand that there is no warranty or guarantee as to any result and/or cure. I have had the opportunity to ask questions about my sedation and I am satisfied with the information provided to me.

I have received and understand the pre-anesthesia, day of surgery and the post-anesthesia instructions, and I hereby authorize and request Dr. Lin to perform the sedation previously explained to me, and any other procedure deemed necessary or advisable or parallel to the planned sedation.

**Patient name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Signed for Patient under 18 years old:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Circle one:**    **Patient**    **Parent**    **Guardian**

**Dentist signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# PRE-SEDATION PATIENT INSTRUCTIONS

Oral sedation will help you relax during your dental appointment. It will not necessarily put you to sleep and the effects will usually last approximately 2 to 8 hours.

In order to have your dental appointments with sedation go as smoothly as possible, please follow these instructions:

1. Please let us know of any changes to your medical history, including your medications, herbal, and/or non-prescription medications.
2. Do NOT eat any SOLID FOODS for EIGHT (8) hours before your appointment.
3. Do NOT have any fluids for TWO HOURS before your appointment.
4. If you have been instructed by us to take any medicine the night before your appointment, please take it as prescribed and directed.
5. Remove any finger nail polish or lipstick before your appointment, so that we can judge any colour change in your lips or your nails.
6. You will NOT be able to drive – you must be picked up by a responsible family member or friend. You cannot take any type of public transportation. **If you are less than 12 years old, you must be accompanied by TWO responsible adults.**
7. If you have any questions, please call our office at (613) 482-0882.

---

## Post Operative Sedation Instructions

You had oral sedation for your dental appointment. It is important that you follow these precautions for today and tomorrow.

1. **You cannot drive any type of vehicle. You cannot operate any hazardous machinery. You cannot consume any alcohol for a minimum of 24 hours, or longer, if drowsiness or dizziness persists.**
2. A responsible adult should be with the patient until he/she has fully recovered from the effects of the sedation, or TWO ADULTS should you be less than 12 years old.
3. Patients must not go up and down stairs unattended. Let the patient stay on the ground floor until fully recovered.
4. Having nutrition after sedation is important. The patient should begin eating some soft foods as soon as possible.
5. Patient needs to drink plenty of fluids and stay hydrated.
6. Avoid any type of sedatives or stimulants for 24 hours after the dental appointment, including alcohol, caffeine, cola, nicotine, and/or recreational drugs.
7. The patient may seem alert when he/she leaves the dental office. This may be misleading as the patient is still sedated. Please do not leave the patient alone.
8. Always hold the patient's arm to provide support when walking.
9. The patient should not be caring for infants or young children until the next day after the dental appointment.
10. Please follow additional post-operative instructions and medications, as prescribed by your dentist.

Should you have questions, please call our office at (613) 482-0882, or Dr. Martin Lin's cell phone (613) 807-7888.