

ROCKSTAR FAMILY DENTAL

Patient and Guardian Information for Sedation Appointments

What you should know BEFORE the sedation appointment:

- No food or water (except water with meds) for 6 hours prior to appointment
- No sedatives for 24 hours before/after appointment (other than prescriptions you're your dentist or physician. Please inform your dentist if you are taking sedatives prescribed by a physician.)
- No Depressants for 12 hours before/after (this includes alcohol or sleeping aids)
- No chance of Pregnancy
- No sensitivities to Benzodiazepines (Valium), NSAIDS (Toradol), or Benadryl (Diphenhydramine)
- No sensitivities to Narcotics (Fentanyl) or (Demerol)
- Must have a responsible person to bring and take you home. (**NOTE, UBER or LIFT does not count)
- No contact lenses, cell phones, watches, bracelets, rings
- No grapefruit or grapefruit juice for 1 week before/after appointment
- No St. John's Wort for 1 week before/after appointment

What you should be informed of FOLLOWING your sedation appointment: (24 hours)

- No driving
- No operating hazardous devices
- No heavy lifting
- No stairs
- No important decisions
- No texting, no Facebook, no Snapchat, no Instagram, no Tweeting, or other forms of electronic communication
- Drink lots of Fluids
- A guardian should be supervising you at all times

Contact the office:

- If you have a change in your medical status within 24 hours of your appointment
- If you have needed to use a rescue asthma inhaler within 48 hours of your appointment
- If you have any questions regarding your appointment

Patient / Guardian NAME:

Patient /Guardian Signature

Date:

Witness

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Conscious Sedation Informed Consent Form

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. The patient's signature at the end indicates that the patient is aware of risks and has had the opportunity for discussion and questions with the Doctor and/or the staff. (Please Initial next to each itemed number)

___ 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. The purpose of conscious sedation is not to sleep. I will be able to respond during the procedure. My ability to respond normally returns when the effects of the sedation wear off.

___ 3. I understand that conscious sedation will be achieved by the following route:

- Intravenous (IV) Administration: The doctor will inject the sedative in a tube connected to a vein in my arm.

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

- A. No sedation: the necessary procedure is performed under local anesthetic with the patient fully aware.
- B. Anxiolysis: taking a pill to reduce fear and anxiety.
- C. 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.
- D. General Anesthetic: Commonly 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 and is typically administered in a hospital setting.

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

- Atypical reaction to 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 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.

___ 7. I have had the opportunity to discuss conscious sedation and have my questions answered by qualified personnel including the doctor, if I so desire. 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 24 hours after administration of sedatives for my procedure. I understand I will need to have arrangements for someone to drive me to and from my dental appointment after being given sedatives.

___ 10. I hereby consent to Conscious Sedation in conjunction with my dental care.

Patient / Guardian NAME:

Patient /Guardian Signature

Date:

Witness

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