

## ORAL SEDATION/ANESTHESIA-CA

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

Date: \_\_\_\_\_

Oral Sedation and Anesthesia are methods to reduce pain and relieve anxiety.

Oral sedatives such as Valium, Halcion, Ativan, or other (please insert name):

\_\_\_\_\_ may cause dizziness, drowsiness, fatigue or affect motor skills co-ordination.

Anesthesia includes:

- Local anesthesia (Novocaine, Lidocaine, etc.) will block the pain pathways and is given in a specific area.
- Intravenous sedation or general anesthesia alters your awareness of the procedure by inducing a sedative/amnesic affect or sleep. Intravenous sedation is not sleep and responsiveness is maintained.

Whichever technique chosen to reduce/eliminate pain, certain risks are involved. These risks, while not common, include but are not limited to:

- Nausea and vomiting
- An Allergic reaction. An Allergic reaction might cause more serious respiratory or cardiovascular problems such as heart attack, stroke which may require treatment from another medical specialist. Death can occur
- Pain, injury to the nerves or blood vessels, swelling, inflammation or infection could occur at the site of the injection

The administration and monitoring of deep sedation or general anesthesia may vary depending on the type of procedure, the type of practitioner, the age and health of the patient, and the setting in which anesthesia is provided. Risks may vary with each specific situation. If the patient is a minor, you (parent or guardian) are encouraged to explore all the options available for your child's anesthesia for their dental treatment, and consult with your dentist, family physician, or pediatrician as needed.

I have read and understand the risks associated with anesthesia and give my consent for Dr.

\_\_\_\_\_ to use (circle one):

1. Local Anesthesia only
2. Intravenous (IV) sedation with local anesthesia
3. General anesthesia with local anesthesia

I am confirming I have given a complete, up-to-date and truthful medical history to include all medications, drug use, pregnancy status, etc. which might be affected by or affect the use or outcome of the sedation.

I am confirming that if I have chosen IV sedation or general anesthesia I have received pre-operative instructions and as a result I have not had any solids or liquids by mouth for the ten hours prior to my dental surgery. Medications may be taken with a sip of water. I understand that having consumed any solids or liquids could be life threatening.

I understand medications, drugs, anesthetics and prescriptions taken for this procedure may cause drowsiness and lack of awareness and coordination. Therefore, I have been advised not to work or operate any vehicle or hazardous devices, supervise or care for children or perform any function that requires coordination or personal judgment while taking such medication or consume alcohol or other drugs because they can increase the effects of the medications. I understand full recovery can take between 24 to 48 hours.

By signing below, I am acknowledging I have read or had this document read to me in its entirety, have had the chance to ask questions and have them answered to my satisfaction so that I feel I understand the information as it is presented. I understand the potential risks, complications and side effects. I have elected to proceed with this dental treatment after having considered both the known and unknown risks, complications, side effects and alternative treatment methods.

Patient (or Legal Guardian) Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SAMPLE