

Discussion and Informed Consent for Anesthesia/Sedation

Patient Name: _____ Date: _____

Weight: _____ Date of Birth: _____

Diagnosis: _____

Treatment: _____

Facts for Consideration

During dental treatment, patients may have difficulty understanding the procedure and/or its management because of either psychological issues, a cognitive, physical or medical disability, or fear and anxiety. Considering patient safety and comfort, they may benefit from behavior management through communication techniques or immobilization. In addition, the dentist may also identify the need for sedation medication and anesthesia for the patient's comfort and behavior management. Anesthesia is a method of providing medication to reduce patient anxiety, awareness of the surgery or treatment and reduction or elimination of pain associated with surgery or treatment.

Patients may require local anesthesia, light to moderate conscious sedation, deep sedation or general anesthesia for their comfort during the performance of dental restorations or surgical procedures. The depth of anesthesia, except for local anesthesia, is a matter of degrees beginning at a low level called "light" and adjusted to lighter or deeper levels depending on the patient's tolerance for the procedure and discomfort. Your dentist will recommend and explain to you which type of anesthesia might be appropriate for your individual medical/dental needs.

In the case of a minor (anyone under the age of 18), the administration and monitoring of 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. You 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.

Patient's initials required

Option 1: Local Anesthesia

_____ Anesthetizing agents (medications) are injected into a small area with the intent of numbing the area to receive dental treatment. They also can be injected near a nerve to act as a nerve block causing numbness to a larger area of the mouth beyond just the site of injection.

_____ *Risks include but are not limited to:* It is normal for the numbness to take time to wear off after treatment, usually two or three hours. This can vary depending on the type of medication used. However, in some cases, it can take longer, and in some rare cases, the numbness can be permanent if the nerve is injured. Infection, swelling, allergic reactions, discoloration, headache, tenderness at the needle site, dizziness, nausea, vomiting and cheek, tongue or lip biting can occur.

_____ *Potential benefits:* The patient remains awake and can respond to directions and questions. Pain is lessened or eliminated during the dental treatment.

Option 2: Nitrous Oxide/Oxygen Inhalation Sedation

_____ Nitrous oxide/oxygen (N₂O) inhalation is a mild form of conscious sedation used to calm an anxious patient. The patient is observed while N₂O is administered and after the completion of treatment until the patient is fully recovered from its effects.

_____ *Risks include but are not limited to:* An early effect may be disorientation and temporary numbness and tingling. Nausea and vomiting may occur infrequently. If the patient will not accept wearing the N₂O mask during treatment, nitrous oxide/oxygen cannot be used.

_____ *Potential benefits:* The patient remains awake and can respond to directions and questions. N₂O helps overcome apprehension, anxiety or fear.

Option 3: Conscious Sedation

_____ Conscious sedation is a controlled, drug-induced, minimally depressed level of consciousness or awareness that allows the patient to breathe independently and continuously respond appropriately to physical stimulation and/or verbal command, e.g., "open your eyes."

_____ Local anesthetic is still required to numb the area of treatment. This type of anesthesia may be administered orally (a drink or a pill), injected into a muscle or via a needle inserted into a vein.

_____ *Risks include but are not limited to:* Infection, swelling, discoloration, bruising, headache, tenderness at the needle site and vein (phlebitis), dizziness, nausea and vomiting can occur. Adverse reactions to medication, including allergic and life-threatening reactions, are possible though rare. Complications may require hospitalization or even result in brain damage or death. With any patient, reflexes are delayed. Children: Patients can have an immediate response to oral conscious sedation similar to being upset before the medication calms them. Adults: Patients must not drive a car or operate machinery for 24 hours after the termination of treatment, because the effects of sedation remain in the system even after the patient is awake and mobile.

_____ *Potential benefits:* Pain is lessened or eliminated during dental treatment. Stress and anxiety can be greatly reduced and often there is no memory of the treatment.

Option 4: Deep Sedation

_____ Deep sedation is a controlled, drug-induced state of depressed consciousness or awareness from which the patient is not easily aroused that may be accompanied by a partial loss of protective reflexes, including the ability to breathe without assistance and/or respond to physical stimulation or verbal command.

_____ Local anesthetic is still required for numbness to the area of treatment. This type of anesthesia is often called a light general anesthesia and is usually administered in a dental office setting.

_____ *Risks include but are not limited to:* Infection, swelling, discoloration, bruising and tenderness at the needle site (phlebitis) may occur. Dizziness, nausea and vomiting can occur. Adverse reactions to medication including allergic and life-threatening reactions are possible though rare. Complications may require hospitalization or even result in brain damage or death. A responsible escort must bring the patient to the office, take the patient home and stay with them. Patients must not drive a car or operate machinery for 24 hours because the effects of the sedative remain in the system even after the patient is awake and mobile.

_____ *Potential benefits:* Pain can be lessened or eliminated during the dental treatment. Stress and anxiety can be greatly reduced and often there is no memory of the treatment.

Option 5: General Anesthesia

_____ General anesthesia is a controlled, drug-induced state of unconsciousness or lack of awareness, accompanied by partial or complete loss of protective reflexes, including an inability to breathe without assistance and/or respond purposefully to physical stimulation or verbal command.

_____ This type of anesthesia is usually administered in a hospital or a surgery center. Local anesthesia is still typically utilized.

_____ *Risks include but are not limited to:* Infection, swelling, discoloration, bruising and tenderness at the needle site (phlebitis) may occur. Dizziness, nausea and vomiting can occur. Adverse reactions to medication including allergic and life-threatening reactions are possible though rare. Complications may require hospitalization or even result in brain damage or death. A responsible escort must bring the patient to the office, take the patient home and stay with them. Patients must not drive a car or operate machinery for 24 hours because the effects of sedation remain in the system even after the patient is awake and mobile.

_____ *Potential benefit:* Pain is eliminated and the patient has no memory or recall of the surgical procedure.

Alternative Treatments, Not Limited to the Following:

_____ If a particular level of anesthesia does not relieve the patient’s anxiety or pain, in the dentist’s clinical judgment and if the individual patient can tolerate it, another level of anesthesia may be needed. Not every dental office or dentist is equipped or trained to administer every type of anesthesia. It may be necessary to refer the patient to another facility or to another dentist who has the appropriate equipment or credentials, or an anesthesiologist may be utilized in the office. Those types of services may result in additional charges.

For All Female Patients

_____ Because anesthetics, medications and drugs may be harmful to an unborn child and may cause birth defects or spontaneous abortion, every female must inform the provider of anesthesia if she could be or is pregnant. Anesthetics, medications and drugs may affect the behavior of a nursing baby. In either of these situations, the anesthesia and treatment may be postponed.

For All Patients

_____ I have been given the opportunity to ask questions about the recommended method of anesthesia and believe that I have sufficient information to give my consent as noted below.

Check the boxes below that apply to you:

Consent

- I have been informed both verbally and from the information provided on this form of the risks and benefits of the proposed treatment.
- I have been informed both verbally and from the information provided on this form of the material risks and benefits of both alternative treatment and of electing not to treat my condition.
- I certify that I have read and understand the above information and that the explanations referred to are understood by me, that my questions have been answered and that the blanks requiring insertions or completion have been filled in. I authorize and direct this dentist to do whatever he/she deems necessary and advisable under the circumstances.
- I consent to have the above above-mentioned treatment.
- While the treatment may be covered by my medical and/or dental insurance, I accept any financial responsibility for this treatment and authorize treatment.

or

Refusal

- I refuse to give my consent for the proposed treatment(s) as described above and understand the potential consequences associated with this refusal.

Patient or Parent/Legal Guardian Signature

Date

Witness Signature

Date

I attest that I have discussed the risks, benefits and consequences associated with treatment as well as the risk and benefits of alternative treatment with _____ (Patient or Parent/Legal Guardian name). The patient has had the opportunity to ask questions and I believe my patient understands what has been explained and willingly consents to the treatment discussed herein.

Dentist Signature

Date