

Adult Dental Anesthesia Consent Form

Intravenous Moderate Sedation Informed Consent

Intravenous conscious sedation or deep sedation is a versatile mode of anesthesia available for office use today. It provides you with a tranquil, relaxed state, sometimes with or without loss of consciousness. Some people experience amnesia, but amnesia is not a guarantee.

An intravenous catheter (IV) is inserted into a vein to administer the medications. Your vital signs are checked every three to five minutes. Emergency equipment, supplies, and medications are immediately available at all times. A local anesthetic is administered, and sometimes nitrous oxide (laughing gas) and oxygen are used along with the intravenous medications.

There are possible complications with any anesthesia, and I.V. conscious or deep sedation are no exceptions. Although these are very safe modes of anesthesia, we cannot assure you that complications will not occur. Possible common inherent risks are, but not limited to drug reactions and side effects, nausea, bruising, and vein inflammation at the site of the intravenous injection.

After your procedure you will be observed and receive care until you have responded sufficiently to safely return home. Discharge from our office will be based on you meeting a set of criteria. Since all people respond differently, it is difficult to say how long your stay will be, but stays ranging from thirty minutes to one hour postoperatively are normal. Please be aware that if for some reason you do not meet our discharge criteria, it is felt to be in your best interest that admission into a hospital may be medically necessary.

After returning home you may be able to expect periods of wakefulness along with sleepiness for the remainder of the day. Please read the **before** and **after** sedation information below and then read and sign the consent form(s). Feel free to call us if there are any questions at 970-476-3991.

Before Your Anesthetic

- 1. Important – Do not eat or drink for six hours prior to your scheduled surgery.**
2. Notify your dentist immediately of any changes, even minor, in physical condition, such as a cold, nausea, bleeding, etc.
3. Wear a casual loose fitting, short-sleeved top.
4. Do not wear fingernail polish or heavy make-up such as mascara.
5. Bring a case to place your eyeglasses, contact lenses, or dentures in before surgery.
6. Bring your signed pre-anesthesia evaluations and all signed consent forms with you.
7. Do not smoke after you awaken.
8. Perform your usual bathing routine and brush your teeth.
9. Make arrangements for a care giver (such as a family member or close friend) to accompany you to our office for the duration of your procedure, and drive you home after surgery.
10. A caregiver must be available and take care of you for the next 12 hours after your dental surgery.
11. Ask us any questions or concerns that you may have at any time prior to your procedure.

After Your Anesthetic

1. Discharge from your dentist will be based on your street fitness, which means you are not having any severe pain, you are not severely nauseated, you can safely ambulate without assistance, your vital signs are stable and within normal limits, and you respond appropriately to verbal stimuli.
2. For your safety, someone should care for you and watch you closely for the next 12 hours.
3. If sleeping, lie only on your side or stomach for at least the next six hours after surgery.
4. Do not take any medications, especially depressant medications not prescribed by your doctor without first consulting your doctor.
5. Do not operate a motor vehicle or operate complex and/or heavy machinery for at least 12 hours after your anesthetic and surgery as your responses will be dulled or slowed considerably.
6. Do not ingest any alcoholic beverages for at least 24 hours after your anesthetic and surgery.
7. Important decision-making should be delayed for at least 24 hours after your anesthetic and surgery.
8. Do not take a public transportation without the presence of an adult.
9. Follow your doctor's instructions and return to see him or her as directed.
10. If you have any problems or questions regarding your anesthetic and/or surgery, call your dentist.

DO's and DON'Ts After Anesthesia

DON'T operate a motor vehicle for at least 12 hours.

Your responses will be dulled or slowed considerably.

DON'T go up and down stairs unattended.

Try to stay on the first floor until recovered. Always hold on to someone's arm as you may have balance problems due to the sedative medications.

DON'T operate complex equipment or machinery for at least 24 hours.

The same logic applies to driving a car similarly applies to the operation of other equipment. This includes equipment used at home, such as a lawnmower, as well as that which is used on the job, such as a forklift truck.

DON'T make any important decisions or sign any legal documents for the day.

The potential for impairment relates not only to physical activities but to your mental state also. More over, the anxiety that frequently accompanies important decisions is to be avoided. The day should be spent resting.

DON'T take any medications unless prescribed by or discussed with your dentist or physician.

Some medications may adversely interact with anesthetic drugs or chemicals remaining in your body. Included are prescription drugs, such as sleeping pills or tranquilizers, and over-the-counter medications, such as aspirin.

DON'T drink alcohol for at least 24 hours.

Alcohol is also considered a drug, meaning that an alcoholic drink has the potential to negatively react with the anesthetic in your system. This includes hard liquor, beer, and wine.

DO leave the health care facility accompanied by a responsible adult.

This person will ensure that you travel home safely, as well as provide immediate care at home. You should continue to have this adult with you for 24 hours after surgery.

DO remain quietly at home for the day and rest.

You need rest both because you have received anesthesia, and because you have undergone a surgical procedure, even one that is considered minor. If after a day you still do not feel recovered, you may want to continue your rest for a day or two. Discuss your planned return to work with your dentist or CRNA.

DO arrange for someone to care for your small children for the day

Even if given instructions to play peacefully and not overtax your children sometimes forget such directions or have trouble staying quiet for an entire day. The most predictable course of action is to leave small children and babies in the care of another responsible individual.

DO take liquids first and slowly progress to a light meal.

Heavy foods can be difficult for your system to digest, thereby increasing the chance for discomfort. For your nourishment, start by taking liquids, and then eat light foods, such as broth or soup, crackers or toast, plain rice, jello, and yogurt.

DO drink a lot of water.

DO call your dentist or your physician, if you have any questions.

These professionals are interested in your welfare and want your care to go as planned. If you have questions, or feel your recovery is not progressing to your satisfaction. Available 24 hours, seven days a week.

REMEMBER: Communication and cooperation are essential to the anesthesia process. Active participation in your care helps ensure your safety and comfort.

CONSENT SECTION

I understand that I must not consume foods for **6 hours before surgery**. I understand that I will be receiving IV conscious or deep sedation, along with local anesthetic and possibly nitrous oxide and oxygen gas.

I have not withheld any medical information from the medical history forms regardless of its significance. I have read the importance of my part in minimizing any possible complications and in determining the type of anesthesia I will receive.

Prior to signing this form I have:

1. Read both **BEFORE** and **AFTER** sedation instructions and agree to them.
2. Been told by my dentist not to consume solids or liquids during the 6 hours before my scheduled anesthetic and I have met this demand.

3. Been informed that there are certain risks and complications associated with anesthesia and that no guarantees have been made to me that none will occur
4. Have made arrangements for a family member or a close friend to accompany me to my doctor's office and to drive me home after surgery and be readily available should my needs arise 24 hours after surgery.
5. Been advised that in the first 12 hours after the anesthesia I should not:
 - a. Drive a car or operate complex machinery
 - b. Ingest an alcoholic beverage or depressant unknown to my doctor.
 - c. Travel in public without the presence of an adult
6. Been advised that I may believe my capabilities have returned within a few hours after the anesthesia and surgery but that this is not true and my mental faculties and physical skills will be partially impaired at least 24 hours after the administration of any anesthetic and other medication that may be ordered or administered by a dentist or anesthesiologist.
7. I have been informed that on occasion, I may not feel completely recovered for 2 to 3 days

Consent for Anesthesia Services

I, _____, acknowledge that my Dentist has explained to me
(patient's name)

that I will have an operation, diagnostic, or treatment procedure(s). My Dentist has explained the risks of the procedure(s), advised me of alternate treatments, and told me about the expected outcomes, and what could happen if my condition(s) remain untreated. I also understand that anesthesia services are needed so that my Dentist can perform the operation or procedure.

It has been explained to me that **all** forms of anesthesia involve some **risks** and no guarantees or promises can be made concerning the results of my procedure or treatment. Although rare, **unexpected severe complications** with anesthesia can occur and include the remote possibility of **infection, bleeding, drug reactions, blood clots, loss of sensation, loss of limb function, paralysis, stroke, brain damage, heart attack, or death.**

I understand that these risks apply to all forms of anesthesia and that additional or specific risks have been identified below as they may apply to a specific type of anesthesia. I understand that the type(s) of anesthesia service checked below will be used for my procedure and that the anesthetic technique to be used is determined by many factors including my physical condition, the type of procedure(s) my Dentist is to perform, his or her preference, as well as my own desire. It has been explained to me that sometimes an anesthesia technique, which involves the use of local anesthetics, with or without sedation, may not succeed completely, and therefore another technique may have to be used including general anesthesia.

INTRAVENOUS MODERATE SEDATION

- Expected Result - Reduced anxiety and pain, partial, or total amnesia.
- Technique - Drug injected into the bloodstream, breathed into the lungs, or by other routes producing a semi-conscious state.
- Risks - An unconscious state, depressed breathing, injury to blood vessels, and other risks.

I hereby consent to the anesthesia service checked above and authorize that it be administered by Dr. Justin Moses. I also consent to an alternative type of anesthesia, if necessary, as deemed appropriate by him.

I certify and acknowledge that I have read this form or had it read to me, that I understand the risks, benefits, alternatives and expected results of the anesthesia service and that I had ample time to ask questions and to consider my decision. If you experience any problems or have any questions at any time please feel free to call (610) 308-1085, available 24 hours a day.

I have read the information and I understand and agree with it. I give my consent for my anesthesia to be provided by Dr. _____.

If at any time during the surgery you become combative or we cannot sedate you comfortably with the maximum allowable medication, we will stop the surgery and refer you to a specialist for treatment completion.

If the patient is not married and/or under the age of 18 years, a legal guardian must sign. Please state the relationship of the legal guardian to the patient.

_____	_____	_____
(Patient Signature)	(Date)	(Time)
_____ / _____	_____	_____
(Guardian Signature) / (Relationship to Patient)	(Date)	(Time)
_____	_____	_____
(Witness Signature)	(Date)	(Time)

For our records, please write the name and phone number of the person who will be responsible for you following your anesthesia and procedure:

_____	_____
(Driver/Responsible Party)	(Phone Number)