

INFORMED CONSENT DISCUSSION FOR ANESTHESIA/SEDATION

Patient Name: _____ Weight: _____

Date of Birth: _____

DIAGNOSIS: _____

Facts for Consideration

Anesthesia is a matter of degrees on a continuum beginning at a low level called “light” and adjusted to lighter or deeper levels depending on the patient’s tolerance for pain and/or response to the drugs used.

Occasionally, during dental treatment patients cannot understand or cooperate due to psychological or emotional immaturity, a cognitive, physical or medical disability, or fear and anxiety. Under such conditions they may become dangerous to themselves, the staff, and the dentist. In addition to behavior management through communication techniques or immobilization to provide safe delivery of dental treatment, the dentist may also identify the need for a chemical sedation or anesthesia for the patient’s comfort and behavior management.

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. Your dentist will recommend and explain to you which type of anesthesia might be appropriate for your individual medical/dental needs.

Option 1: Nitrous Oxide/Oxygen Inhalation Sedation

*Patient’s/Patient’s Representative’s
initials required*

_____ Nitrous oxide/oxygen inhalation is a mild form of conscious sedation used to calm an anxious patient. A colorless, odorless gas that has no explosive or flammable properties, it can act as a pain buffer as well. Oxygen is given simultaneously with the nitrous oxide through a small mask placed over the nose. Pure oxygen, given at the end of treatment, is intended to flush the nitrous oxide out of the patient’s system and minimize the effects of the gas. The patient is observed while nitrous oxide is administered and until the patient is fully recovered from its effects.

_____ *Risks, include but are not limited to:* An early effect is an inability to perceive one’s spatial orientation and temporary numbness and tingling. Nausea and vomiting may occur. If the patient will not accept the mask, nitrous oxide/oxygen cannot be used.

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

Option 2: Local Anesthesia

_____ Anesthetizing agents are infiltrated into a small area or injected as a nerve block directly into a larger area of the mouth with the intent of numbing the area to receive dental treatment.

_____ *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. However, it can take longer and rarely the numbness is 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 3: Conscious Sedation

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

_____ This type of anesthesia may be administered orally (a drink) or through a tube to a needle in the vein.

_____ *Risks, include but are not limited to:* Infection, swelling, discoloration, bruising, headache, tenderness at the needle site and vein, 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 a temper tantrum before the medication calms them. Adults: Patients should 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 benefits:* Pain is lessened or eliminated during the dental treatment. Stress and anxiety are 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 from which the patient is not easily aroused, which may be accompanied by a partial loss of protective reflexes, including the ability to maintain an open airway independently and/or respond purposefully to physical stimulation or verbal command.

_____ This type of anesthesia is 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 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 and take the patient home. Patients should 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 is lessened or eliminated during the dental treatment. Stress and anxiety are 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, accompanied by partial or complete loss of protective reflexes, including an inability to independently maintain an airway and/or respond purposefully to physical stimulation or verbal command.

_____ This type of anesthesia is usually administered in a hospital or a surgery center.

_____ *Risks, include but are not limited to:* Infection, swelling, discoloration, bruising, tenderness at the needle site 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 and take the patient home. Patients should 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 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 bring an anesthesiologist into the dental operatory or refer the patient to another facility or to another dentist who has the appropriate equipment or credentials. Those types of services may result in additional charges.

For All Female Patients

_____ Because anesthetics, medications and drugs may be harmful to the unborn child and may cause birth defects or spontaneous abortion, every female must inform the anesthesiologist and dentist if she could be or is pregnant. Anesthetics, medications and drugs absorbed in the mother’s milk may temporarily affect the behavior of the nursing baby. In either case, 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.

- I give my consent for the use of _____ anesthesia, as explained above when Dr. _____ determines it is indicated in the treatment of _____ (Patient’s name).
- 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 Patient’s Representative’s Signature

_____ Date

I attest that I have discussed the risks, benefits, consequences, and alternatives of anesthesia with _____ (Patient or Patient’s Representative) who has had the opportunity to ask questions, and I believe understands what has been explained.

_____ Dentist’s Signature

_____ Date

_____ Witness’s Signature

_____ Date