Duxbury Children's Dentistry

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Nitrous Oxide Analgesia Consent Form

Nitrous oxide ("laughing gas") is administered through a fitted mask, which is placed over the nose as the child breathes normally. At the end of treatment, it is eliminated after a short period of breathing oxygen and has no lingering effects. Nitrous oxide administration is very safe.

The fee for this service is NOT covered by most insurances and is due at time of service. Even if the nitrous is not effective, there will still be a charge for its use.

Indications for Use of Nitrous Oxide:

- Reduce gag reflex
- Calm child's fears and anxiety

Relative Contraindications:

- Active asthmatic wheezing
- Upper respiratory infections or Tuberculosis
- Some obstructive pulmonary diseases
- Nasopharyngeal obstruction
- Active ear infection or recent middle ear surgery
- Vitamin B 12 deficiency
- MTHFR (gene) deficiency
- Treatment with Bleomycin Sulfate
- Severe emotional disturbance or drug-related dependency
- First trimester of pregnancy

Infrequent Side effects:

- Nausea and vomiting
- Sweating or flushed skin
- Agitation
- May not be effective for all children
- Over sedation

Benefits:

- A faint, sweet smell
- Sense of relaxation, euphoria
- Arms and legs may feel tingly
- Raises pain threshold
- May make time appear to pass quickly

Special instructions:

- Light meal 2 hours preceding the dental visit
- Inform the dentist of any colds, sinus infections, wheezing or conditions that may make breathing through the nose difficult
- Inform the dentist of any changes in medical history (including current medications & allergies)

Alternatives:

- Treatment with local anesthesia only

I, _____, as parent/legal guardian of _____ (DOB:_____) hereby consent to the administration of Nitrous Oxide/Oxygen Analgesia in conjunction with dental treatment. I am aware of the benefits/risks involved with this procedure, and I have had the opportunity to have my questions answered.

By signing below, I confirm that I have read, understand and agree to the above.

Parent/Legal Guardian Signature: _____ **Date:**_____
Dentist Signature: _____ Date:_____
Witness Signature: _____ Date:_____

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