



General Dentist

CONSENT FOR INTRAVENOUS SEDATION/ANESTHESIA

Conscious Sedation

Patient's Name

Date

Please initial each paragraph after reading. If you have any questions about your proposed treatment, please ask your doctor BEFORE initialing or signing this form. 214-256-3000

_____ I have provided and updated medical history including all drugs and dosages to my dental office.

_____ I understand that IV conscious sedation requires small doses of various medications that will be administered to produce a state of relaxation, drowsiness, and reduced perception of pain. However, **I will not be put into deep sleep as with a general anesthesia.** In addition, local anesthetics will be administered to numb the areas of my mouth to be treated and thus further control pain. I understand that the drugs to be used may include, but are not limited to: Midazolam, Diphenhydramine, Fentanyl, Ketamine, Dexamethasone, Ketorolac, and Ondansetron. If proper sedation is not obtained, additional drugs may be necessary.

_____ To help minimize risks and complications, I have disclosed to my Dentist any and all drugs and medications that I am currently taking including recreational drugs. I have also disclosed any and all abnormalities in my current physical status and past medical history. This includes any history of drug and/or alcohol abuse and any unusual reactions to medications or anesthetics.

_____ Alternatives to IV conscious sedation include local anesthesia, nitrous oxide, or oral sedation. The alternative methods may not adequately dispel my fear, anxiety, or stress. Also if certain medical conditions are present, it may increase the risk of complications. There may be less control of proper dosage with oral sedation and intramuscular sedation than with IV conscious sedation.

I have been advised that although well-monitored anesthesia is generally very safe, comfortable, and well tolerated, there are additional associated risks and possible complications, which include:

- _____1. Allergic reactions (previously unknown) to any of the medications used.
- _____2. Discomfort, swelling or bruising at the site where the drugs are placed into a vein.
- _____3. Vein irritation, called phlebitis, where the needle is placed into a vein. Sometimes this may progress to a level of discomfort where arm or hand motion may be restricted, or further medication or care may be required.
- _____4. Nausea and vomiting, although not common, are unfortunate side effects of intravenous anesthesia. Bed rest, and sometimes medications, may be required for relief.
- _____5. Intravenous sedation is a serious medical procedure and, whether given in a hospital or office, carries with it the risk of brain damage, stroke, heart attack or death.
- _____6. Because the anesthetic medication (including oral premedication/sedation) causes prolonged drowsiness, **you MUST be accompanied by a responsible adult to drive you to and from surgery, and stay with you for several hours until you are recovered sufficiently** to care for yourself. Sometimes the effects of the drugs do not wear off for 24 hours.
- _____7. During recovery time (normally 24 hours), you should not drive, operate complicated machinery or devices or make important decisions such as signing documents, etc.

