

## NITROUS OXIDE SEDATION

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Nitrous Oxide Sedation is a method of conscious sedation commonly used with dental treatment for relief of mild to moderate levels of anxiety, for reducing pain and preventing of the gagging reflex. In the dental treatment setting, using conscious sedation, consciousness is maintained as well as the ability to swallow, talk and cough as needed. Nitrous Oxide can produce the sensation of drowsiness and warmth along with tingling in the hands, feet and/or mouth. Nitrous Oxide is administered with the use of a mask, so you must be able to breathe through your nose.

I understand the administration of nitrous oxide carries certain common risks and, although side effects are infrequent, they can occur. The side-effects from the sedation may include however are not limited to:

- Excessive perspiration and/or flushing during the procedure;
- Nausea and/or vomiting (the level of nitrous oxide can be adjusted to eliminate or reduce this side effect);
- Behavioral manifestations such as talking excessively which can interfere with treatment or the experiencing of vivid dreams associated with physical movement of the body;
- Shivering which may develop at the end of the treatment once the nitrous oxide is terminated and;
- Drowsiness and a lack of coordination which may require you to remain at the office until you have a safe transportation mode and/or you feel better.

Dr. \_\_\_\_\_ has explained to me the use of nitrous oxide and the anticipated/desired results of the sedation. I understand this is an elective option to more comfortably receive dental care; however, anxiety could still exist which may affect future dental care. Other medical problems could present with the use of nitrous oxide to include fainting, palpitations and heart related disorders. Dr. \_\_\_\_\_ has advised there are other forms of sedation available, including the option of no sedation where the care would be performed under local anesthesia.

I understand certain situations are not conducive for the administration of nitrous oxide. I must advise the dental care team immediately, before signing this form and before they administer any Nitrous Oxide sedation, of any heart, lung or respiratory related conditions, pregnancy or lactation, having hepatitis B or C, immune diseases, middle-ear infections or a history of substance abuse.

In preparing for the nitrous oxide administration, I understand I must avoid eating at least four hours prior to the dental treatment. I should not consume caffeinated food and/or beverages or alcohol. I should refrain from taking any anti-depressants or other sedatives unless the dental care team is aware of them. If I have taken any of these actions, I must advise the dental care team immediately, before signing this form and before they administer any Nitrous Oxide sedation.

I hereby authorize Dr. \_\_\_\_\_ and his dental care team to perform nitrous oxide sedation during the dental care.

By signing below, I am acknowledging I have read or had this document read to me in its entirety, have had the chance to ask questions and have them answered to my satisfaction so that I feel I understand the information as it is presented. I understand the potential risks, complications and side effects. I have elected to proceed with this dental treatment after having considered both the known and unknown risks, complications, side effects and alternative treatment methods.

Patient (or Legal Guardian) Signature: \_\_\_\_\_

Patient Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SAMPLE