

Informed Consent for Nitrous Oxide/Oxygen Sedation

What does Nitrous Oxide do?

Nitrous Oxide or commonly know as “laughing gas” is a drug induced state that reduces awareness and decreases your ability to respond, your ability to respond will return once the effects of the sedative wear off. Nitrous Oxide helps to more comfortably receive necessary care.

What are the risks/side effects?

Administration of medication and performance of conscious sedation with nitrous oxide carries certain risks and side effects which are infrequent, but could occur.

Common Side-effects can include but not limited to the following:

- Nausea and vomiting are the most common but quite infrequent.
- Excessive perspiration: sweating may occur during the procedure and you may become somewhat flushed during the administration of the Nitrous Oxide.
- Shivering: although NOT common, shivering can be quite uncomfortable. This usually develops near the end of the sedative procedure when the Nitrous Oxide has been terminated.
- Behavioral problems: some patients will talk excessively, which may be difficult to treat, or experience vivid dreams associated with physical movement of the body.
- Operation of Motor Vehicle: you may not feel capable of driving after nitrous oxide, if this occurs, we will have you stay in the facility until you feel better or have a family member/friend picks you up.

I understand that there are alternatives to conscious sedation, which are:

- No sedation: treatment is performed under local anesthetic with the patient aware
- Oral conscious sedation: sedation via a pill that will put the patient in a minimally depressed level of conscious
- Intravenous sedation: injection of the sedative via IV connected to the vein in the patient’s arm
- General anesthetic: commonly called deep sedation or “sleep dentistry”, a patient is fully asleep and has no awareness and must have their breathing monitored and temporarily supported.

I understand that if any of the following apply, I MUST notify my doctor:

- I become pregnant, or if I am lactating
- I have sensitivity to any medications
- I have consumed alcohol or am presently on psychiatric mood-altering drugs/medications
- I have COPD (chronic obstructive pulmonary disease), bronchitis, emphysema, or any eye surgeries, or if I’ve had retinal surgery within the last 3 months

As a patient I have been given the opportunity to ask any questions regarding the nature and purpose of the surgical procedure and have received answers to my satisfaction. I do voluntarily assume any and all possible risks. I am aware that dentistry is not an exact science, I acknowledge that every effort will be in my best interest for a positive outcome from sedation, but no guarantees have been made regarding the result of the authorized procedure.

Patient name: _____

Date: _____

Signature of Patient/Guardian: _____

PLEASE BE AWARE

***FASTING BEFORE APPOINTMENT**

PLEASE BE ADVISED THAT YOU SHOULD HAVE NOTHING TO EAT OR DRINK 4-6 HOURS PRIOR TO SURGERY. PLEASE WEAR LOOSE CLOTHING AS WE WILL BE MONITORING YOUR VITALS. SOME FOODS TO AVOID PRIOR TO SURGERY ARE ANY DAIRY PRODUCTS AS THE EFFECTS OF THE NITROUS COULD UPSET YOUR STOMACH.