

Informed consent for Oral Conscious Sedation

Triazolam, Diazepam, Lorazepam, Midazolam, or Zaleplon with or without Hydroxyzine

The following is provided to inform patient, or the parent/guardian of a minor, of the choices and risks involved with having treatment under conscious sedation. This information is presented to enable them to be better informed concerning their treatment. The type of sedation administered will be determined on an individual basis. The choices of anesthesia are local anesthesia alone, Oral Conscious Sedation, and/or nitrous oxide inhalation sedation. The most commonly used sedative is Triazolam (Halcion). Although usually prescribed as a sleeping pill, Triazolam is a medication that can greatly minimize anxiety that may be associated with going to the dentist. In a relaxed state, you will still be able to communicate with the dentist while treatment is being performed. Even though it is safe, effective, and wears off rapidly after the dental visit, you should be aware of some important precautions and considerations:

NOTE: This consent form and dental treatment consent form should be signed before you take the medication. They are invalid if signed after you take the pills. Please initial each of the sections below as you review them. Be sure to ask any questions you may have.

_____ I understand that the purpose of sedation is to more comfortably receive care. I understand that sedation is not required. I understand that sedation has limitations and risks and absolute success cannot be guaranteed. I understand there are other alternatives to sedation dentistry to include NO sedation.

_____ I do not have a history of hypersensitivity to benzodiazepines (Valium, Ativan, Versed, etc.) nor do I have liver and kidney dysfunctions.

_____ If you have been taking any psychiatric mood-altering drug, have a bowel obstruction, or any acute respiratory conditions such as cold, flu, or sinus infection please notify the doctor as this may affect your candidacy for oral sedation.

_____ I have been informed and understand that occasionally there are complications of the sedation medications including but not limited to minor conditions such as: pain, nausea, vomiting, light headedness, headache, amnesia, allergic reaction, visual disturbances; to serious adverse problems such as respiratory depression which can be fatal. I further understand and accept the risk that complications may require hospitalization. I have been made aware that the risks associated with local anesthesia, conscious sedation and inhalation sedation vary. The most frequent side effects are drowsiness, nausea, vomiting and temporary memory loss.

_____ I understand that anesthetics, medications and drugs may be harmful to an unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility for informing Nottingham Dental of a suspected or confirmed pregnancy with the understanding that this will necessitate the postponement of anesthesia. For the same reason I understand that I must inform Nottingham Dental if I am a nursing mother.

_____ Inadequate initial dosage may require the patient to undergo the procedure without sedation, delay the procedure for another time, or extend current appointment time and take additional medications.

_____ I understand that sedation is a drug induced state of reduced awareness and decreased ability to respond. I am not able to drive for 24 hours. Due to a possible amnesia effect, you should arrange to have a trusted adult with you for 24 hours afterwards. The onset of Triazolam is 15 to 30 minutes, the peak effect is at 1 to 2 hours and the duration is 1-6 hours.

_____ I have been advised not to make any major or important decisions until after full recovery from the anesthesia. I understand that those with a history of chemical dependency have a risk of relapse after anesthesia and should take appropriate precautions.

_____ Minimum fasting period:
8 hours – Heavy meal (i.e., meat, fried or fatty foods)
6 hours – Light meal (easy-digested carbohydrate) (i.e., toast and a clear fluid)
2 hours – After ingestion of clear fluids

We recommend wearing a loose sleeve during the duration of the appointment as your vitals will be monitored with a blood pressure cuff.

I hereby authorize and request the dentist at Nottingham Dental to perform the sedation previously explained to me, and any other procedure deemed necessary or advisable as a corollary to the planned sedation. I consent, authorize and request the administration of such sedation methods (from local to inhalation). I have been fully advised of and accept the possible risks and dangers of sedation. I also completely understand the alternatives to Sedation. I acknowledge the receipt of and understand both the pre-operative and post-operative sedation instructions. It has been explained to me and I understand that there is no warranty or guarantee as to any result and/or cure. I have had the opportunity to ask questions about my sedation and I am satisfied with the information provided to me.

Patient name _____ Parent/Guardian (if minor): _____

Patient/Guardian signature _____

Date _____

Name of Driver _____

Phone number _____

Please note your driver will be required to return to our clinic 30 minutes prior to dismissal.