



## Consent for: Nitrous Oxide Informed Consent

I hereby give permission for Dr. Lee and staff to perform nitrous oxide sedation on myself (or my child)

\_\_\_\_\_.

I understand that the administration of medication and the performance of conscious sedation with nitrous oxide carry certain common hazards, risks, and potential unpleasant side effects which are infrequent, but none the less, may occur. They include but are not limited to the following:

- 1) Please advise the doctor and staff if you (or your child) have a cold, upper respiratory infection, asthma, or difficulty breathing.
- 2) **Excessive Perspiration:** Sweating may occur during the procedure and you may become somewhat flushed during administration of nitrous oxide.
- 3) **Expectoration:** Removal of secretions may be difficult, but can be controlled by use of suction tips.
- 4) **Behavioral Problems:** Nitrous oxide sedation is very effective for many people, however, some people may not like the feeling it produces, or it may produce increased activity in some people, at which time you or the dentist may decide to discontinue nitrous sedation.
- 5) **Shivering:** Although not common, shivering can be quite uncomfortable. Shivering usually develops at the end of the sedative procedure when the nitrous oxide has been terminated.
- 6) **Nausea and Vomiting:** This is the most frequent of the side effects of nitrous oxide sedation, but its frequency is still quite low. It is important to tell the doctor, hygienist, or assistant that you are experiencing some discomfort. The level of nitrous can be adjusted to eliminate this side effect.
- 7) **Driving a Motor Vehicle:** You may not feel capable of driving after nitrous oxide. If this occurs, we will keep you until you feel better or have you call a friend or cab to insure your safety.
- 8) For some people, nitrous oxide sedation may not calm them adequately to allow a dental procedure to be done. These people may require referral for other sedation techniques.

I have been advised of alternatives to treatment, the benefits and risks include but are not limited to:

Fear and anxiety of the dental experience can lead to avoidance of future dental appointments. These fears and anxiety, if not diminished by the use of nitrous oxide sedation, may precipitate other medical problems including fainting, palpation, and other heart-related disorders.

The benefits one can expect from nitrous oxide sedation include:

Help with anxiety and pain, gagging, and medically compromised individual.

I hereby certify that I understand this authorization and the reason for the above named sedative procedure and associated risks. I am aware that the practice of dentistry is not an exact science. I acknowledge that every effort will be made on my behalf for a positive outcome from sedation, but no guarantees have been made to the result of the procedure authorized above.

**Patient's Name (please print):** \_\_\_\_\_

**Patient's (or legal guardian's) Signature:** \_\_\_\_\_

**Date/Time** \_\_\_\_\_

**Doctor's Signature:** \_\_\_\_\_ **Witness Signature** \_\_\_\_\_