

## **HUNTINGTON SMILES**

100 E. Huntington Drive, Suite 206 Alhambra, CA 91801 (626) 308-7881

## INTRAVENOUS SEDATION CONSENT

## WHAT IS IV SEDATION?

Intravenous sedation is a form of anesthesia. Anesthesia can create light, moderate, or deep sleep. IV sedation, administered properly, creates a relaxed state or light sleep. Patients are conscious, but have decreased awareness of their surroundings. Patients have little or no memory of the procedure because of the amnesia produced by the sedative agents. Intravenous sedation is not general anesthesia which creates a deep sleep and an unconscious state. Oral sedation may be used prior to injection of small amounts of medications into a vein in the arm. Sedative agents are not completely eliminated from the body for several hours afterwards. Therefore, patients who have intravenous sedation need an escort home. The risks and complications associated with any sedation include nausea, vomiting, allergic reaction, pain, inflammation and/or infection at the intravenous site. In extremely rare circumstances even death may occur.

## INSTRUCTIONS PRECEEDING INTRAVENOUS SEDATION

<u>MEDICAL HISTORY:</u> Any personal illness, weakness, or allergy must be reported. Also, details of any drugs being taken – especially sleeping drugs, tranquilizers, or cortisone medications, must be reported to us. This includes over the counter drugs, street drugs, or prescription drugs. Female patients must inform the anesthesia provider if they could be or are pregnant. In these situations, the anesthesia and treatment may be postponed.

**PREPARATIONS:** No food or drink within six (6) hours of the appointment time and the previous meal should be light and easily digestible. A small amount of water may be used to take any medications prescribed for your appointment. Loose clothing should be worn and sleeves should be easily drawn up past the elbow. Also, comfortable flat-heeled shoes that are easy to walk in should be worn. Dentures, glasses, and/or contact lenses should be removed prior to the appointment. **FOLLOWING SEDATION:** A responsible adult (friend or family member) must accompany the patient home.

**NO WARRANTY OR GUARRANTEE:** No warranty or guarantee is implied or given regarding the success of sedation.

ANY PATIENT ACCEPTING A SEDATION APPOINTMENT MUST SPECIFICALLY AGREE TO THE FOLLOWING:

NOT to drive a vehicle or operate any machinery after sedation for the rest of the day NOT to undertake any responsible business matters

NOT to drink alcohol for 24 hours after sedation

I HAVE READ AND UNDERSTAND THE ABOVE ENTIRELY AND HEREBY CONSENT TO THE PERFORMANCE OF SEDATION AS PRESENTED TO ME.

| Print Patient Name                | <del></del> |
|-----------------------------------|-------------|
| Patient's or Guardian's Signature | <br>Date    |
| Witness Signature                 | Date        |
| Doctor's Signature                | <br>Date    |