



Patient Initial

DISCUSSION & CONSENT FOR NITROUS OXIDE SEDATION

Patient's Name: _____ Date of Birth: _____

Nitrous oxide is a colorless, slightly sweet gas that is used during dental treatment for relaxation and anxiety relief. When inhaled, it can induce feelings of euphoria and sedation. It also can produce sensations of drowsiness, warmth, and tingling in the hands, feet, and/or about the mouth. In the dental setting, it will not induce unconsciousness. You will be able to swallow, talk, and cough as needed.

Cost: \$ _____ per use.

Contraindications

Please let us know if you have any of the following medical conditions: congestive heart failure, chronic obstructive pulmonary disease, chronic bronchitis, emphysema, chronic asthma, bronchiectasis, pregnancy, , tuberculosis, macrocytic anemia, immune diseases, respiratory diseases, middle ear infections, or a history of substance abuse. Also, if you suffer from claustrophobia, you may choose not to use nitrous oxide.

Preoperative Guidelines

Nitrous oxide is administered through a nasal mask. You must be able to breathe through the nose. Nitrous oxide may cause vomiting. On the day of your appointment, do not take any antidepressants (unless your dentist is already aware of them).

Instructions During Use

Your mask must remain firmly in place during the entire period. Do not breathe through your mouth. Breathe through your nose only. Try not to talk when nitrous oxide is in use. Talking blows nitrous oxide into the room, lessening the desired effect for you and exposing the dental staff to the nitrous effects.

Postoperative guidelines

Recovery from nitrous oxide is rapid. The gas will be flushed from your system with oxygen. If you feel dizzy after the sedation, remain seated, and the sensation should pass in a few minutes. Do not leave the office until your head feels clear, and you are able to function (walk/drive) safely.

Risk of Nitrous Oxide

You may feel nauseated, dizzy, drowsy, or claustrophobic during and after sedation (very rare).



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Alternatives

You may choose not to use nitrous oxide and complete your dental treatment without any treatment for anxiety.

I understand the previous statements and have had my questions answered.

This consent is valid for a period of twelve (12) months. I may withdraw my consent at any time.

Patient or Guardian Signature

Date

Time

Treating Dentist Signature

Date

Time

Witness Signature

Date

Time