



IV SEDATION INFORMATION AND INFORMED CONSENT FORM

IV conscious sedation is used to lessen the significant and undesirable side effects of long or stressful dental procedures by reducing the fear, apprehension, and stresses sometimes associated with these procedures. During IV conscious sedation, small doses of various medications will be administered to produce a state of relaxation, reduced perception of pain, and drowsiness. In this relaxed state, you will still be able to communicate with the dentist while treatment is being performed.

Although IV conscious sedation is a safe and effective way to make your dental appointment more enjoyable, you should be aware of a few important precautions and considerations.

- 1) You must refrain from eating or drinking anything for at least six (6) hours before your dental appointment. For early morning appointments please do not eat or drink anything after midnight.
- 2) Smokers could notice a decrease in the medications ability to achieve desired results. Smokers should not smoke the morning of their appointment.
- 3) Please refrain from wearing necklaces, earrings, and dark fingernail polish. Please wear comfortable clothes.
- 4) There are occasional complications associated with IV sedation. These include pain, facial swelling or bruising, inflammation of a vein (phlebitis), infection, bleeding, discoloration, nausea, vomiting, and allergic reaction.
- 5) I understand the drugs my dentist could use include Versed, Fentanyl, Demerol, Phenargan, and Benadryl. I have informed my dentist if I am allergic to any of these medications.
- 6) Nitrous Oxide (laughing gas) may be used in conjunction with IV sedation during your appointment. In addition, local anesthetics will be used.
- 7) Side effects of IV conscious sedation include light-headedness, headache, dizziness, visual disturbances, amnesia, and nausea. In some patients, the medications used for sedation may not work as desired.
- 8) Although the medications used for IV conscious sedation wear off rapidly, they can still be in your bloodstream for a few hours. Because of the effects of sedation, a responsible adult needs to be with me during my appointment and to drive me home and remain with me until the effects of the sedation have worn off (up to 24 hrs). For safety reasons I should not drive or operate machinery, or be in charge of children the remainder of the day.

To help minimize risks and complications, I have disclosed to my dentist any and all drugs and medications that I am taking, any abnormalities in my physical status or past medical history, and any unusual or allergic reactions to medications or anesthetics.

By signing below I understand these considerations and am willing to abide by the conditions stated above. I have had an opportunity to ask any questions I may have in connection with the procedure and to discuss my concerns with the dentist, and these questions and concerns have been answered and addressed to my satisfaction.

Date _____

Signature of Patient _____

Signature of Witness _____