Discovery Dental

Creating a generation that enjoys dental care

Informed Consent for Nitrous Oxide

The purpose of this Informed Consent Form is to provide an opportunity for patients (and/or their parents or guardians) to understand and give permission for the use of Nitrous Oxide when provided along with dental treatment.

1. I accept and understand that Nitrous Oxide is commonly called **laughing gas and provides relaxation.** Although I will be awake, fully conscious, aware of my surroundings, and able to respond rationally to questions and directions.
2. I accept and understand that the use of Nitrous Oxide is not required to provide the necessary dental care.
3. I accept and understand that the purpose of Nitrous Oxide is to make it more comfortable for me to receive necessary dental care with less pain and/or anxiety. I also accept and understand that the use of Nitrous Oxide has limitations and risks and absolute success cannot be guaranteed (see item #5 below).
4. I accept and understand that Nitrous Oxide will be administered by way of the inhalation route.
5. I accept and understand that the alternatives to Nitrous Oxide are:

   a) **No Nitrous Oxide:** The necessary dental procedure is performed under local anesthetic only.

   b) **Oral Conscious Sedation:** Sedation via liquid form that will put me in a state of consciousness where an individual is awake but has decreased anxiety to facilitate coping skills, retaining interactive ability.

   c) **Intravenous (IV) Sedation/General Anesthetic:** Commonly called deep sedation or general, a patient under general anesthesia has no awareness and must have his/her breathing temporarily supported. General anesthesia is appropriate for more invasive procedures. This will be performed with a dental anesthesiologist in the office or in a hospital.
6. The use of Nitrous Oxide has been <u>fully explained to me</u>, including all risks involved. I have been fully informed that **temporary complication** may include, but are not exclusive of: tingling in the fingers, toes, cheeks, lips, tongue or head; heaviness in the thighs and/or legs, followed by a lighter floating feeling; resonation in the voice carry a hypernasal tone; warm feeling throughout the body, with flush cheeks; fits of uncontrollable laughter or giddiness; detachment or disassociation from environment may occur; intense and uncomfortable warm and/or hot feeling throughout the body; lightweight or floating sensation with an accompanying "out of body" sensation; sluggishness in motion and slurring and/or repetition of words; feeling of nausea; vomiting; agitation; and/or hallucination. **All of the complications are temporary.**
7. I have had the opportunity **to discuss** the Nitrous Oxide in conjunction with my dental care, and have had an opportunity **to ask questions**, and am fully satisfied with the answers I received.
8. I accept and understand that I must follow all recommended instructions.
9. I have informed the doctor of my complete medical history including any recent surgeries or changes in my medical history involving lung, respiratory, ear infection, common cold or flu-like symptoms. I also accept and understand that I must notify the doctor of my present mental and physical condition.
10. I accept and understand that I must notify the doctor if I: (1) am PREGNANT, (2) have sensitivity to any medication, (3) have recently consumed alcohol, and/or (4) am presently on psychiatric mood altering drugs or other medications.

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

Patient Name: _____

Parent/Legal Guardian Signature: _____ Date: _____/_____/_____