

HEATHER T. HUDKINS, DDC, PC INFORMED CONSENT FOR CONSCIOUS SEDATION

The purpose of this document is to provide an opportunity for patients to understand and give permission for conscious sedation when provided along with dental treatment. Each item should be checked off after the patient has the opportunity for discussion and questions.

___ 1. I understand that the purpose of the conscious sedation is to more comfortably receive necessary care. Conscious sedation is not required to provide the necessary dental care (see # 4.)

___ 2. I understand that conscious sedation is a drug-induced state of reduced awareness and decreased ability to respond. Conscious sedation is not sleep from which I can be easily awakened. My ability to respond normally returns when effects of the sedation wear off.

___ 3. I understand that my conscious sedation will be achieved by the following route:

___ **Oral Administration:** I will take a liquid approximately 10 minutes before my appointment. The sedation will last approximately 6 to 10 hours. Patients like oral sedation because they don't need an 'IV' line, however the level of sedation is less predictable than 'IV' sedation.

___ 4. I understand that the options to conscious sedation are:

No sedation: The necessary procedure is performed under local anesthetic with the patients fully aware.

Nitrous oxide sedation: Commonly called laughing gas, nitrous oxide provides relaxation but the patient is still generally aware of surrounding activities. Its effects can be reversed in five minutes with oxygen.

General Anesthetic: commonly called deep sedation, a patient under general anesthetic has no awareness and must have their breathing temporarily supported. General anesthesia is more appropriate for longer procedures lasting 3 or more hours.

___ 5. I understand that there are risks or limitations to all procedures. For sedation these include:

(Oral Sedation) Inadequate sedation with initial dosage may require the patient to undergo the procedure without full sedation or delay the procedure for another time. Due to unpredictable patient response, it is not recommended that oral sedatives be given in successive or additive doses.

Atypical reaction (altered mental states, physical/allergic reactions, sickness) to sedative drugs which may require emergency medical attention and or hospitalizations

Inability to discuss treatment options with the doctor should circumstance require a change in treatment.

___ 6. If, during the procedure, a change in treatment required, I authorize the doctor and the operative team to make whatever change they deem in their professional judgment is necessary. I understand that I may designate a person to make these decisions for me.

___ 7. I have had the opportunity to discuss conscious sedation and have my questions answered by qualified personnel including the doctor, if I so desire.

___ 8. I understand that I must notify the doctor if: I am pregnant or lactating; I have sensitivity to any medications; I have consumed alcohol within 8 hours of the procedure, I am taking any prescription or non-prescription medications for mood, sleep or psychiatric purpose; I have had something to eat or drink within 4 to hours.



Heather T. Hudkins, DDS, PC
General Dentist

William V. Brell, Jr., DDS, MSD
Pediatric Dentist

___ 9. I understand that I will not be able to drive or operate machinery for 24 hours after my procedure. I understand I will need to arrange for someone to provide transportation to and from my appointment and for adult post operative supervision during sedation recovery the day of the appointment.

___ 10. I understand I must follow the recommendations and instruction of my doctor.

___ 11. I hereby consent to conscious sedation in conjunction with my dental care.

Patient / Guardian
Witness

Date

dentistry for children

Doctors Building, Suite E-10 1531 East Sunshine Street Springfield, Missouri 65804

PHONE 417•883•5866, 1•800•383•5866 FAX 417•883•5898