

Sedation/Nitrous Oxide Informed Consent

Conscious sedation is accomplished using oral sedation in conjunction with nitrous oxide and oxygen. Dr. Samra will start your sedation appointment with sedative tablets. Once you are sedated, Dr. Samra will give you nitrous oxide and oxygen through a mask.

Nausea is a reaction that may be experienced. The best way to minimize this is to have no solid food (nothing to eat) for eight (8) hours prior to a sedation/nitrous oxide appointment. It is important to follow these instructions to lessen the chance of throwing up. If you do not follow these instructions, your treatment will be cancelled.

Clear liquids are permitted up to two (2) hours prior to a sedation/nitrous oxide appointment. Examples of clear liquids are: water, apple juice, ginger ale, clear tea and black coffee. DO NOT have milk, cream, whitener or sugar in your coffee or tea and DO NOT have alcohol. However, if you are diabetic or take any medications at all, ask us about possible exceptions with respect to the minimum duration for fasting before your appointment.

During the procedure, Dr. Samra will monitor your breathing and blood pressure, a blood pressure cuff will be used. Please wear either a short- sleeved top or one with loose fitting sleeves.

Finally, almost everyone will experience drowsiness to a different degree after a sedation appointment. For this reason, our patient who receive sedation must not drive a vehicle, operate hazardous machinery, work or consume alcohol for 18 hours after a sedation appointment. Other possible side effects that you may experience are that you may feel sick to your stomach and vomit/throw up and you may feel dizzy and or agitated.

You must make arrangements for a responsible person to take you home and stay with. Once you get home, rest as much as possible, drink a lot of fluids and eat light, nutritious foods (eg. Soup, pasta, jello, yogurt). This will help minimize the effects of feeling dizzy.

If you have any questions about any aspect of your treatment, do not hesitate to ask up.

I _____ have had the opportunity to read the information given to me on this consent form and clearly understand that I must not drive or work immediately after a sedation appointment.

Patient signature

Date

Witness signature

Date