

# Golnick Pediatric Dental Associates

## Consent for Treatment with Conscious Sedation

In order to provide dental treatment for \_\_\_\_\_, it is necessary to prescribe/administer a sedative medication prior to treatment. This medication is intended to relax your child and allow the dentist to provide treatment safely and effectively.

The medications to be used are: \_\_\_\_\_ The patient's weight is: \_\_\_\_\_ lb's \_\_\_\_\_ kg's

- Treatment options have been explained and include no treatment, passive and/or active restraints, sedation, a combination of sedation and restraints, and general anesthesia. Your doctor recommended the option listed above.
- Any treatment involving nitrous oxide and/or oral sedation require the child not eat or drink anything three hours prior to the administer of the medication or treatment. Failure to comply with not eating or drinking will lead to cancellation of the appointment and possible charges. Patients who do eat or drink are at greater risk of aspiration and complications.
- Sedative medications are intended to calm and quiet your child, **not to make your child unconscious or asleep**. At different times, your child may be hyperactive, irritable, drowsy, or asleep. Crying is expected at different times when your child is stimulated during the appointment.
- Nitrous oxide ("laughing gas") is usually administered in addition to the sedative medication, to help calm your child. It does not put your child to sleep. However, many children become so relaxed that they may "nap." Pregnant woman and small infants are not permitted in the treatment room when nitrous oxide is used for safety precautions.
- Local anesthetic ("numbing") will be administered to prevent discomfort.
- Your child may be restrained to protect him/her from injury during the dental procedure. Some of the restraints used are the Papoose Board, Pedi wrap, and mouth prop. These are strictly used for the safety of your child and assistance for safe treatment. You may be asked to assist in placing your child in the restraint.
- Dental treatment has potential risks and consequences. Likewise, so does the refusal or denial of dental treatment. Untreated decay may lead to pain, swelling, infection and tooth loss. Risks involved with treatment include allergic reactions to medications, filling materials, and latex. Prolonged anesthesia may occur.
- To best respond to the needs of your child, we offer two choices. If you wish to remain in the treatment room, we encourage you to be a "silent helper". By choosing this option, you understand that you will not interfere with the doctor, assistant, or child while treatment is being performed. If you are not able to comply, you will be asked to leave the room or treatment will be stopped. If you are not comfortable or think that your child will do better alone, please remain in the waiting room. A parent or legal guardian must remain in the office during treatment at all times.
- Patients undergoing sedation are subject to the risk of medical complications including, but not limited to: nausea and vomiting, prolonged numbness, secondary infection, post-operative swelling, allergic reactions, and in deep sedation, respiratory and cardiovascular problems.
- An additional charge will be incurred for each visit utilizing conscious sedation of any form. This fee covers the additional time and skill needed to treat your child by the doctor and assistant. **This charge is not covered by insurance and must be paid, in full, either before or on the day of treatment.**
- \$35 Nitrous oxide only
- \$100 Valium or Versed (with or without nitrous oxide or restraints)
- \$70 Vistaril / Atarax (with or without nitrous oxide or restraints)
- \$150 Chloral Hydrate (with or without nitrous oxide or restraints)

I understand and have had ample opportunity to discuss all of the above information. My questions have been fully answered, and I request treatment with conscious sedation for my child.

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

I explained all of the above and delivered a patient instruction sheet \_\_\_\_\_ (Signature)