□ Bell Location
4901 W. Bell Rd; Ste. 100
Glendale, AZ 85308
(602) 843-1275

□ Phoenix Location
7777 N. 43rd Ave.
Phoenix, AZ 85051
(602) 888-7844

□ PCH Location
1701 E. Thomas Rd; Ste. 204
Phoenix, AZ 85016
(602) 253-6600

Pre-Operative Instructions For Oral Sedation

To facilitate the dental treatment, your child will be given sedative medication the day of the appointment.

□ Meperidine (Demerol) and Hydroxyzine (Vistaril) (45 minutes to 1 hour for sedation)
(Approximately a 2 Hour Appointment)

□ Midazolam (Versed) and Hydroxyzine (Vistaril) (15- 30 minutes for sedation)
(Approximately 30 min – 1 hour Appointment)

This form is intended to document the discussion we have had regarding your child's planned conscious sedation procedure. The medications we use are typically sedatives and analgesics. These medications can greatly minimize anxiety that may be associated with going to the dentist. Their use in the office setting induces a relaxed state that progresses to a sedated state. This level of sedation is called "conscious sedation."

Benefits of Conscious Sedation include: Reduced awareness of unpleasant sights, sounds, and sensations associated with the procedure, along with reduced anxiety. Some patients fall asleep, but not always. Recall of the procedure is a possibility but not common. Although conscious sedation is safe, effective and wears off rapidly after the dental visit, you should be aware of some important precautions and considerations.

Risks of Treatment Under Conscious Sedation include: Discomfort, swelling, bruising, infection, prolonged numbness, nausea and allergic reactions. Nausea and vomiting is more common after extractions but may be a side effect of the anesthetic itself.

Alternate Types of Anesthesia Include: Local anesthesia uses numbing medication only. Nitrous Oxide (commonly known as laughing gas) is used for its anesthetic and pain-reducing effects, and General Anesthesia where your child is asleep.

Parent or Guardian Obligations for The day of the appointment:

1. On the day of the appointment, it is very important that your child comes in on an **EMPTY BELLY**. This means **NO FOOD OR DRINK** for at least **8 hours prior** to the appointment. Failure to do so could result in life-threatening complications.
2. Please bring your child dressed comfortably; Pajamas (**NO ONESIES**), sweats etc. Flat braids are okay, No ponytails or hair clips.
3. Your child must be accompanied by a responsible adult that will remain with the child for 24 hours.
4. Your child must have a **quiet day at home** following the appointment. **NO SCHOOL/DAYCARE OR OUTSIDE PLAY.**
5. **ONE PARENT** is welcome to accompany your child during treatment; however, if you bring another child, you will have to wait in the waiting room. **Siblings ARE NOT ALLOWED in the treatment room or to be unattended in the waiting room.**

Your child's safety is our number one priority. These instructions must be followed.

After the sedation appointment, you will be given the proper Post-Operative instructions. Your child will be drowsy and will need to be monitored very closely. Keep your child away from potential harm. If your child wants to sleep, place them on their side with their chin up. Wake your child every hour and encourage them to drink to avoid dehydration. At first, it is best to give your child small sips of clear liquids to prevent nausea. The first meal should be light and easily digestible. If your child vomits, help them bend over or, if lying down, please make sure they are on their side to ensure they do not inhale the vomit.

I understand that individual reactions to treatment cannot be predicted, and if my child experiences any reactions following treatment, I agree to report it to the doctor immediately.

I acknowledge that I have read the foregoing and have discussed any questions or concerns that I may have regarding my child's proposed treatment. I authorize the doctors at Tooth Club For Kids to administer sedation medications to my child in conjunction with the planned dental procedure.

_____
Patient Name

_____ _____
Parent/Guardian Name Parent/Guardian Signature

_____
Date