

conscious sedation consent



Some children cannot receive dental treatment in the usual manner due to their young age, or inability to cooperate. Delaying treatment may allow the dental disease to progress to an emergency situation, including possible abscess formation, infection, pain, swelling, fever and damage to the permanent teeth. Options for these children include: 1) delaying treatment, which is not advised; 2) restraining the child to accomplish the treatment...restraint alone should be used for safety reasons in an attempt to prevent dangerous uncooperative behavior; 3) attempting to sedate the child to a level at which dental care can be provided...sedation is not always successful and may require the use of some restraints to accomplish treatment; or 4) the use of general anesthesia administered by an anesthesiologist.

Following a consultation with you, it was decided that your child would benefit from the use of conscious sedation and the following medications will be administered:

DEMEROL VISTARIL VERSED VALIUM IBUPROFEN TYLENOL

In addition to these medications, nitrous oxide and local anesthetic may be used.

*** Please read this form carefully and complete the consent below ***

I,, as the legal responsible parent or guardian of, give my consent to the use of local anesthetic, sedative drugs or agents that Dr. Sellers may deem necessary or advisable to enable the dental treatment indicated on my child's examination chart, as previously explained to me.

I have been informed and understand that occasionally there are complications with the treatment, drugs or agents, including but not limited to: numbness, infection, swelling, bleeding, discoloration, nausea, vomiting, soft tissue laceration, allergic reactions, seizures, breathing difficulties, brain damage, stroke, or heart failure. I further understand and accept that complications may require hospitalization and may even result in death.

I acknowledge the receipt of and understand the preoperative & post-operative instructions. The treatment sedation procedures, use of restraint, monitoring devices and possible complications have been explained to my satisfaction. I have also been informed about possible alternative methods and their advantages/disadvantages, the risks, consequences and probable effectiveness of each, as well as the prognosis if no treatment is provided.

I have read this consent form and understand to my satisfaction the procedures to be performed, and accept the possible risks.

Date..... Signature..... Witness.....

I certify that I have followed preoperative instructions. As instructed, my child has not had anything to eat or drink.

Date..... Signature..... Witness.....

I certify that I have explained the above procedures to the parent or guardian before requesting their signature.

Assistant..... Doctor.....