

Provider: Dr Ash

CONSENT FOR ANESTHESIA
(Intravenous Moderate sedation)

Patient's Name

Date

The following is provided to inform patients, and/or parents of minor children of the choices and risks involved with having dental treatment under anesthesia. This information is not presented to make patients, parents, or legal guardians more apprehensive, but to enable them to be better informed concerning their treatment. There are four choices for anesthesia: local anesthesia, moderate sedation, general anesthesia, and/or no anesthesia. These can be safely administered in an office, surgery center, or hospital setting. Please initial each paragraph after reading, if you have any questions please ask your periodontist before initialing and signing on the last page.

1. I recognize that I must do several things in connection with sedation. Specifically, I must refrain from eating for six (6) hours, drinking for two (2) hours before my dental appointment. I must not drink alcoholic beverage for twelve (12) hours before the procedure. Further, I will arrange for a responsible adult to drive me home and stay with me until the effects of the sedation have worn off. I will not drive a motor vehicle or operate dangerous machinery on the day that I receive the sedation.

2. I understand that the most frequent side effects of any anesthesia are drowsiness, nausea/vomiting, and phlebitis. Most patients remain drowsy or sleepy following their surgery for the remainder of the day. As a result, coordination and judgment will be impaired for as long as 24 hours. It is recommended that adults refrain from activities such as driving, and children remain in the presence of a responsible adult during this period. Nausea and vomiting following anesthesia will occur in approximately 10-15% of patients. Phlebitis is a raised, tender, hardened, inflammatory response at the intravenous site. The inflammation usually resolves with local application of warm moist heat; however, tenderness and a hard lump may be present up to a year.

3. I have been informed and understand that on rare occasions, anesthesia related complications include, but are not limited to: pain, hematoma, numbness, infection, swelling, bleeding, discoloration, nausea, vomiting, allergic reaction, and pneumonia. I further acknowledge, understand, and accept the extremely remote possibility that complications may require hospitalization, and/or result in brain damage, heart attack, or death. I have been made aware that the risks associated with local anesthesia, moderate sedation, and general anesthesia vary. Of the three choices of anesthesia, local anesthesia is usually considered to have the least risk, and general anesthesia the greatest risk.

4. I understand that anesthetics, medications, and drugs may be harmful to the unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility for informing Dr. Ashnagar of the possibility of being pregnant or a confirmed pregnancy, with the understanding that this will necessitate the postponement of the anesthesia. For the same reason, I understand that I must inform Dr. Ashnagar if I am a nursing mother.

5. Since medications, drugs, anesthetics, and prescriptions may cause drowsiness and incoordination, I have been advised not to use alcohol or other drugs for 24 hours. Also, I have been advised not to make any major life decisions or operate any vehicle and/or hazardous device for at least 24 hours until fully recovered from the effects of the anesthetic, medications, and drugs that have been given to me or my child. I have been advised of the necessity of direct "one-on-one" parental supervision of my child for twenty-four hours following their anesthesia.

6. I hereby authorize and request Dr. Ashnagar, to perform the anesthesia as previously explained to me, and any other procedure deemed necessary or advisable as a corollary to the planned anesthesia. I consent, authorize and request the administration of such anesthetic or anesthetics (local to Moderate) by any route that is deemed suitable by Dr. Ashnagar.

7. I have been fully advised and completely understand the alternatives to moderate sedation and general anesthesia. I accept the possible risks, side effects, complications and consequences of anesthesia. I acknowledge the receipt of and understand both the preoperative and post-operative anesthesia instructions. It has been explained to me and I understand that there is no warranty and no guarantee as to any result and/or cure. I have had the opportunity to ask questions about my or my child's anesthesia, and I am satisfied with the information provided to me.

While under moderate sedation, responsible companion:

Name: Address:

Cell Phone#: Home Phone#:

I have read and understand the consent for anesthesia. I have had the opportunity to have all my questions answered regarding the risks, benefits, and alternatives of anesthesia.

Patient's Signature (or patient's guardian)

Date

Witness Signature

Date

PRE/POST – ANESTHESIA INSTRUCTIONS FOR PATIENTS

Pre-Anesthesia Instructions for Patients

Eating or Drinking

FAILURE TO STRICTLY FOLLOW THESE INSTRUCTIONS COULD RESULT IN ASPIRATION AND MAY BE FATAL.

For anesthesia it is extremely important that patients have an empty stomach, and the following instructions are to be followed. No solid foods for six (6) hours prior to appointment. Water or apple juice ONLY may be taken up to two (2) hours prior to appointment.

Clothing

Please wear a short sleeve loose shirt. Do not wear makeup, nail polish, or false eyelashes. Contact lenses must be removed before anesthesia. *Note: Children should bring a light blanket and children who do not wear a diaper or pull up, a change of clothes should be available.*

Change in Health and Medications

A change in health, especially the development of a cold or fever, is extremely important. Please notify Dr. Ash's office if there is any change in your health. Prescription medications should be taken as scheduled unless previously indicated by Dr. Ash and may be taken only with a sip of water.

Designated Driver

A responsible adult must accompany any patient to the office and remain during the procedures. Do not plan on driving or making decisions for twenty-four (24) hours after the anesthesia. Arrange to have a responsible adult to spend the rest of the day with you. *Note: Children should be in a car seat.*

Questions

Prior to your appointment, Dr. Ash and staff will review preoperative instructions and answer any questions.

Post-Anesthesia Instructions for Patients

Pain or Fever

Muscle aches and a sore throat may occur similar to the flu. It is very common after anesthesia and will usually disappear within 24 to 36 hours. Drugs such as Tylenol and Advil are usually very effective and should be taken at the first sign of pain, if normally tolerated. A fever of up to 101 degrees Fahrenheit may develop for the first 12 hours. Tylenol elixir every 3 to 4 hours with plenty of liquids will tend to alleviate this condition as well as treat any post-operative discomfort.

Diet

Limit oral intake to liquids for the first few hours. If teeth were extracted, do not use a straw. Initially, limit intake to clear liquids such as water, apple juice, or Gatorade. Once clear liquids are tolerated, slowly allow the patient to try soft foods. Suggestions include applesauce, scrambled eggs, mashed potatoes, and soups. Avoid dairy products and citrus juices for the remainder of the day, as these may cause nausea and vomiting. If the patient is not hungry, do not force him/her to eat but encourage as much liquid for the next twenty-four (24) hours.

Activity

Do not drive or engage in moderate to high physical activity for 24 hours or until the effects of the anesthetic have subsided completely. Judgment may be impaired during this time as well so do not allow patient to make serious decisions. Place a blanket on the floor for the patient to sleep and observe him/her closely.

Please **Text** Dr Ash at (734)-262-5890 If You Have Any Questions or Concerns.
In case of an emergency, please call "911"

Please sign below stating that you agree to all of our pre- and post-anesthesia instructions

Parent/Guardian/Patient Signature

Date