

Provider: Dr Ash

Consent for Nitrous Oxide Sedation

Patient's Name

Date

During your initial consultation we discussed your need for Nitrous Oxide Sedation, its purpose, benefits, and the possible complications/risks as well as alternatives. We obtained your verbal consent. **Please initial each paragraph after reading, if you have any questions please ask your periodontist before initialing and signing on the last page.**

____ **1. Introduction:** Nitrous oxide is a colorless, slightly sweet gas that is used during dental treatment for relaxation and anxiety relief. When inhaled, it can induce feelings of euphoria and sedation. It also can produce sensations of drowsiness, warmth and tingling in the hands, feet and/or about the mouth. In the dental setting, it will not induce unconsciousness. You will be able to swallow, talk and cough as needed.

____ **2. Contradictions:** Please let us know if you have any of the following medical conditions, because we may not be able to safely use nitrous oxide: congestive heart failure, chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema, chronic asthma, pregnancy, hepatitis B or C, tuberculosis, macrocytic anemia, immune diseases, respiratory diseases, middle ear infections, or a history of substance abuse. Also, if you suffer from claustrophobia, you may choose not to use nitrous oxide.

____ **3. Preoperative Guidelines:** Nitrous oxide is administered through a nasal mask. You must be able to breathe through the nose (blocked nasal passages, colds, etc., defeat the idea of using nitrous oxide for relaxation). Avoid eating at least four hours prior to the dental appointment. Avoid caffeinated products before coming in for treatment. Nitrous oxide can cause "stomach butterflies" (nausea), which may result in vomiting. On the day of your appointment do not take any antidepressants (unless your dentist is aware of them) or other sedatives unless prescribed by your dentist.

____ **4. Instructions During Nitrous Oxide Use:** Your mask must remain firmly in place during the entire period, do not breathe through your mouth. Breathe through the nose only. Notify the doctor if you are experiencing difficulty in breathing through your nose. No talking is allowed while nitrous oxide is being used. Talking blows nitrous oxide into the room, lessening the desired effect for you, and exposing the dental staff to the nitrous effects.

____ **5. Postoperative guidelines:** Recovery from nitrous oxide sedation is rapid. The gas will be flushed from your system with oxygen. If you feel dizzy after the sedation, remain seated, and the sensation should pass in a few minutes. Do not leave the office until your head feels clear, and you are able to function (i.e., walk and drive) safely.

____ **6. Risks of Nitrous Oxide:** You may feel nauseated, dizzy, drowsy or claustrophobic during and after sedation.

____ **7. Alternatives to Nitrous Oxide:** You may choose not to use nitrous oxide and complete your dental treatment without any treatment for anxiety. You may choose, if your dentist feels this is an option for you, to take an oral sedative or a pill that will relieve your anxiety or consider moderate sedation.

PATIENT CONSENT

I have been fully informed of the nature, risks and benefits of the nitrous oxide sedation, the alternative treatments available. I have had an opportunity to ask any questions I may have in connection with the anxiety treatment and to discuss my concerns with my periodontist. After thorough deliberation, I hereby consent to nitrous oxide sedation as presented to me during my consultation and as described in this document above. I have given a complete and truthful medical history, including all medications, drug use, allergies, pregnancy and etc. I certify that I have read and fully understand this document.

Patient's Signature (or patient's guardian)

Date

Witness Signature

Date