CONSCIOUS ORAL SEDATION TREATMENT INTRODUCTION/ACKNOWLEDGEMENT

Your appointment date: ____________________________ Your appointment time: ____________

NEED FOR DENTAL TREATMENT WITH CONSCIOUS ORAL SEDATION

Your child requires further dental treatment in our office. The use of conscious oral sedation has recommended as the best course of treatment for the following reason(s):

________________________________________________________________________________________

We have discussed other treatment options with you, including:

________________________________________________________________________________________

For some children, oral sedation does not end up being successful. In this case, we will discuss other alternatives with you.

MEDICATIONS/TECHNIQUES USED DURING PROCEDURE

When you arrive at our office you and your child will be taken to one of our private treatment rooms. Your child will be given oral (by mouth) medicine that will result in a mild sedation. This medication will be either:

___ Meperidine and Hydroxyzine
___ Midazolam
___ Hydroxyzine only
___ Diazepam

Nitrous oxide will be used to further reduce anxiety.

Anesthetic will be used to numb the areas of the mouth that are receiving treatment.

A papoose board may be used to protect your child from movement during the procedure.

CANCELLATION/LATE ARRIVAL POLICY

This appointment is scheduled during a specific time when no other patients are in our office. If you must cancel the appointment, 72 hours notice is required for this cancellation, unless your child has a valid health reason for cancellation. If the appointment is cancelled with less than 72 hours notice, a $100 cancellation fee will be accessed.

Please be ON TIME. If you arrive more than 10 minutes late for this appointment, we may have to reschedule the appointment. If so, a $100 cancellation fee will be accessed.

FOOD/BEVERAGE RESTRICTIONS

Your child MUST NOT eat or drink anything after midnight the night before the appointment.

This includes water, ice chips, gum, vitamins, hard candy, mints, etc. It is extremely dangerous to be sedated with food or liquid in the stomach. If the stomach is not completely empty, serious complications including aspiration may occur, which could result in death.

Avoid salty foods the day before treatment. Salty foods will make your child thirstier on the day of treatment, which makes eating and drinking restrictions harder to enforce.

If these food/beverage restrictions are not maintained, the appointment will be cancelled and a $100 cancellation fee will be accessed.
HEALTH CHANGES FOR 7 DAYS
You must notify us of any changes in your child’s HEALTH HISTORY that occur within 7 days of the sedation date (___________ to ___________).

This includes nasal congestion, cough, sore throat, fever, runny nose, breathing problems, complications due to asthma, etc. This also includes any bumps or falls that affect the head.

Please notify us immediately when a health change occurs during these dates so that we can make a decision about proceeding with treatment.

Failing to notify us of health changes can be extremely dangerous for your child, and may result in a cancellation fee of $100 being assessed.

MEDICATIONS/HEALTH CONDITIONS
Your child takes the following MEDICATIONS on a regular basis:

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Your child has the following MEDICAL CONDITIONS that require additional clearance from his/her pediatrician and/or specialist before treatment:

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

TALKING TO YOUR CHILD ABOUT THE APPOINTMENT
Be honest with your child if they ask you questions about the dental appointment. If you do not know the answers to their questions, simply say “I do not know, let’s wait to ask the dentist.”

Do not say anything that will scare your child such as “the dentist is going to give you a shot.” You may have good intentions of preparing your child, but the effect may backfire.

It is best to let us talk with the child during the visit. We will tell them everything that will occur, but use language that best suits your child’s age and understanding.

CLOTHING/PREPARATION
Please dress your child in COMFORTABLE CLOTHING, including a short sleeve shirt (for the blood pressure cuff), loose fitting pants, and comfortable shoes.

A pulse-oximeter will be clipped onto your child’s big toe or thumb for monitoring, so no tights, footed pajamas, or finger/toe nail polish are allowed.

A pull-up or diaper can be helpful.

Please bring a change of clothes in case of a bathroom accident.

Please remove all jewelry and hair bands, clips, or ties.

Please bring a blanket for your child.

You can also bring a favorite movie for watching while recovering.

Please make sure your child gets a full night’s sleep before the appointment. A well-rested child will be more receptive to the procedure.
OPERATIVE ROOM GUIDELINES

When you arrive at our office, please have your child use the restroom.

You and your child will be taken to one of our private treatment rooms. Only one legal guardian may accompany your child to the treatment room.

Your child will be given oral (by mouth) medicine that will result in a mild sedation. The medication takes 20-60 minutes to take effect. Your child will not be fully asleep, but will be groggy.

While the medicine is taking effect, your child may be woozy, dizzy, wobbly/unsteady, restless, irritable, or combative. These are all normal symptoms of the medication taking effect.

**During the treatment phase of the appointment, you will be asked to wait in our reception area.** We need your child’s full attention and cooperation, and this is best accomplished without anyone else in the room except the dentist and dental assistant. A team member will notify you of your child’s progress in 15 minute increments during the procedure.

After you leave the treatment room, the dentist and assistant will spend time preparing your child for treatment. We will attach a monitor to your child’s big toe or finger which gives us constant information regarding both heart rate and breathing. We may use a papoose board to secure your child’s hands, feet, and body for safety during the procedure. Nitrous oxide will be administered through a nose mask, and your child will breathe it in throughout the procedure. Any additional x-rays will be taken. A topical anesthetic jelly will be placed on the area to be numbed for treatment, followed by a local anesthetic administered with a needle.

A legal guardian is required to stay in our office for the length of the procedure, in case we have questions during that time.

During the post-treatment phase of the appointment, you may return to the treatment room with your child. Again, only one legal guardian is allowed in the treatment room during this time.

No other siblings may be present on the date of the appointment. We need your full attention, as well as that of your child for the length of the appointment.

No cell phones may be used in the treatment room, under any circumstances. If you must make a phone call, check email or text messages, etc, you may step out into our front waiting room to do so.

Your child may fuss or cry at times during the procedure; do not be alarmed. This is a normal reaction to the unfamiliarity with the medication and treatment, and is not a result of pain.

AFTER TREATMENT

You will receive a detailed instruction sheet at your appointment regarding post-operative instructions. Here are some things to know in advance:

**DIRECT SUPERVISION OF YOUR CHILD BY AN ADULT IS REQUIRED FOR 5-6 HOURS FOLLOWING TREATMENT,** as your child may be drowsy during that time. Close supervision by an adult is recommended for 24 hours following treatment.

**Please do not plan any stops or errands on your way home from treatment.** Your child will need to be closely monitored in the time following his/her procedure.

**We strongly recommend that 2 adults are present for the ride home after treatment.** One adult should be able to observe the child’s breathing without any distractions, especially if the patient falls asleep while in the car or safety seat.

Please do not plan activities (including daycare, school, or sports/after school activities) for your child on the day of treatment. Your child will most likely be drowsy and want to sleep for short periods at a time.

Please have clear liquids (clear sports drinks, apple juice, Sprite) on hand, as well as soft foods (scrambled eggs, apple sauce, yogurt, mashed potatoes) for your child.

Please have Children’s Tylenol or Children’s Motrin on hand for child in case of discomfort.

Your child may become irritable after the sedation. This is to be expected, and is not unusual.
TREATMENT COST ESTIMATE/COPAYMENT
You have been provided with a cost estimate for this treatment based on the information we have regarding your dental insurance. However, this is only an estimate, and is subject to change at the discretion of your insurance company.

Please remember, your insurance coverage is an agreement between yourself and your insurance company; we simply facilitate the process by submitting to your insurance on your behalf. Any specific questions regarding coverage should be directed to your insurance company.

We will collect your entire estimated copayment amount ($_______) 7 days prior to your sedation appointment. This means your copayment must be received by ___________.

During the procedure, additional x-rays may be taken and additional treatment may be completed (with your approval). If so, please remember that this work will not be included in the initial treatment estimate, and an additional copayment will be required for this work.

After insurance has received and processed your claim, we will send a bill for any remaining balance. If a credit is due, we will process this credit and send you a credit check via mail.

NEED FOR TIMELY TREATMENT
Until treated, dental cavities may continue to decay, causing further damage to the tooth. If left untreated, and without changes to diet and oral health care habits, dental decay can spread into the nerve of the tooth, and continue into the surrounding gums, cheeks, and face. In severe cases, this can lead to hospitalization due to infection.

According to the American Academy of Pediatric Dentistry, dental caries, periodontal diseases, and other oral conditions, if left untreated, can lead to pain, infection, and loss of function. These undesirable outcomes can adversely affect learning, communication, nutrition, and other activities necessary for normal growth.

In order to avoid further decay, infection, or other adverse effects, it is essential to treat dental cavities in a timely manner, including in primary (baby) teeth.

SYMPTOMS TO WATCH FOR BEFORE TREATMENT IS COMPLETED
Until your child’s dental cavities are treated, it is important to watch for the following symptoms:
- Pain while eating
- Spontaneous pain several times per day
- Waking up at night from pain
- Red, puffy, swollen gums
- Puffy, swollen cheek
- Bump (pimple-like) on the gums

If your child is experiencing any of these symptoms, please call our office immediately.

I acknowledge receiving, reading, and fully understanding the above statements and policies.

Print Name: _______________________________ Signature: _______________________________ Date: _____/____/____