

(Note to staff) Add sedation flowsheet to packet.

# Compton Family Dentistry

## Patient Packet for IV and Oral Sedation

We are **delighted** that you have chosen our office for your dental needs, and we are **honored** to be entrusted with your sedation dentistry experience. Many patients desire to improve their oral health or the appearance of their smile, but dental anxiety has forced them to delay these goals. We are very excited to be a part of that journey for you!

**Please read the following policies below to help ensure a pleasant experience.**

**Please fill out the sedation medical history portion of this packet; even if you have recently completed a different medical history form at our office, this is an important step because it contains information specific to a sedation visit.**

### Sedation Policies:

1. Although there are many advantages to sedation, not all patients are candidates for sedation in the setting that our office provides. A patient must generally be in good health and 13 years old to receive sedation at our office. A sedation consultation does not guarantee acceptance as a sedation patient.
2. Complete and current medical information about you is crucial to your care and safety; it is important that you disclose any and all medical conditions, medications (including prescription medications, over the counter medications, and supplements), allergies, adverse reactions to medications, alcohol use, and recreational drug use. This is important even if you believe that a detail may not be relevant to your treatment. This information will be kept strictly confidential.
3. During a sedation visit, **no one but the patient will be allowed into the treatment area, even if the patient is a minor.** In order to improve the efficacy of sedation, to protect the safety of the sedated patient, and prevent distractions from effecting the performance and response of our doctor and staff to an emergency, we must insist **that you will NOT be allowed to sit in the room with the patient or come back “to check on” the patient.** There will be a trained staff member with the patient at all times during the sedation process until they are released into the care of their driver/caregiver.
4. Because we reserve a room and assistant just for you for a large portion of the day during a sedation visit, a deposit of **\$50.00** and/or payment of scheduled treatment is required to schedule a sedation appointment; upon arrival, it will be applied to the cost of your treatment or refunded in the form of a check made out to the patient. If you do not show for the appointment or are more than 15 minutes late, this deposit will not be refunded and we will not be able to schedule a subsequent sedation visit.
5. Specific pre and post-operative instructions will be given to you for your sedation appointment if you are an appropriate candidate for sedation; it is very important to read and follow these for a successful sedation experience.

***Once again, thank you for choosing us for your dental needs!***

**To be Completed by Dentist/Dental Staff:**

- Blood pressure: \_\_\_\_\_
- Pulse: \_\_\_\_\_
- Oxygen Saturation (Pulse Oximeter): \_\_\_\_\_
- ASA Classification: I II III IV
- Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_
- Mallampatti Classification: I II III IV
- If applicable, Lexicomp printed and in chart: \_\_\_\_\_

**Sedation Evaluation and Medical History:**

Your health is important to us and has significant relevance to your dental treatment. It is very important that we maintain a full and complete medical history on all of our patients; please provide an up-to-date, accurate, and complete medical history, including all medications, medical conditions, hospitalizations, and surgeries, *even if you do not believe the information is relative to your dental treatment*. Any information given to us will be held in the strictest confidence. If you cannot remember some of the details of your medical history or all of your medications, please make us aware so that we can contact your physician(s) or pharmacy; please do not leave any area blank because you do not have full details. Please make us aware of changes that have occurred since your last visit or medical history update, especially new medications, diagnoses, medical emergencies, surgeries, or hospitalizations. Sign at the end of the second page to indicate the accuracy and completeness of this information.

**Physician/Pharmacy:**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Name of physician: \_\_\_\_\_ Physician Phone number: \_\_\_\_\_  
 Approximate Date of last medical exam: \_\_\_\_\_  
 Are you currently under medical treatment for any condition or disease? Yes No  
 Pharmacy: \_\_\_\_\_ Pharmacy Phone number: \_\_\_\_\_

**Please list reason for treatment and approximate dates:**

Hospitalizations: \_\_\_\_\_  
 Surgeries: \_\_\_\_\_  
 Have you ever been sedated; if so, did you have any complications? \_\_\_\_\_

**For Women: Please answer Yes or No; do not leave blank.**

Are you breastfeeding? Yes No  
 Are you pregnant? Yes No  
 Are you taking oral contraceptives (birth control)? Yes No  
 When was your last menstruation period? \_\_\_\_\_  
 Is the ANY chance you could be pregnant? Yes No  
 Do you plan to become pregnant in the next 6 months? Yes No  
*\*\*\*(If you are at all uncertain as to the presence of a possible pregnancy, we have pregnancy tests available for your confidential use; it is very important to the health of the developing fetus that pregnant women not undergo sedation, as sedative drugs may be extremely harmful to the fetus.)*  
 I would like a pregnancy test: Yes No

**Medications:** We realize that many of our patients are on numerous medications and it is very important that we have a full and complete list of all of your current medications, including over the counter medications and supplements. If you need more room or help obtaining this information, please let us know and we will be happy to assist you by calling your physician or pharmacy.

---



---



---



---



---

**Please also circle any of the following medications/supplements/substances that you take:**

St. John's Wort, Kava-Kava, Dilantin, Tegretol, Cardizem (diltiazem), Calan, Isoptin (verapamil), Biaxin (clarithromycin), Erythromycin, Barbituates, Macrolide antibiotics, cyclosporins, HIV Medication/Protease Inhibitors, Systemic Antifungals (Diflucan/fluconazole, Sporonox/itraconazole), or grapefruit/grapefruit juice

**Medical History: Review of Systems:** Please circle YES or NO for each category (please do not leave blank). Please sign at the bottom of the page to indicate the accuracy and completeness of the information on this and the preceding page.

**Cardiovascular:**

Congestive Heart Failure Yes No  
 Angina Yes No  
 Previous Heart Attack Yes No  
 Heart Surgery/Procedure Yes No  
 Stent Yes No  
 Previous Stroke Yes No  
 Congenital heart problem Yes No  
 Valve surgery Yes No  
 Irregular heart beat or rhythm Yes No  
 (abnormal EKG/ECG)  
 Pacemaker Yes No  
 Implanted Defibrillator Yes No  
 Stroke Yes No  
 Blood thinners Yes No  
 Excessive bleeding Yes No  
 Bleeding disorder Yes No  
 High blood pressure Yes No  
 Low blood pressure Yes No  
 Murmur Yes No  
 Anemia Yes No  
 Sickle Cell Disease/Trait Yes No  
 Other (describe): \_\_\_\_\_

**Respiratory:**

Asthma Yes No  
 Tuberculosis Yes No  
 Reactive Airway Yes No  
 Seasonal allergies Yes No  
 COPD Yes No  
 Sleep Apnea Yes No  
 Emphysema Yes No  
 Are you a smoker? Yes No  
 Are you easily winded? Yes No  
 Other (describe): \_\_\_\_\_

**Drug reactions/Non seasonal Allergies:**

Penicillin/Amoxicillin Yes No  
 Latex Yes No  
 eggs/sulfites/soy Yes No  
 Other Allergies: \_\_\_\_\_  
 Bad reaction to sedation/anesthesia: Yes No

**CNS:**

Seizure/epilepsy/convulsions Yes No  
 What is your aura?: \_\_\_\_\_  
 Fainting Yes No  
 Alzheimers/dementia Yes No  
 Psychiatric diagnoses Yes No  
 Schizophrenia Yes No  
 List diagnos(es): \_\_\_\_\_

**Bones/Joints**

Joint Replacement Yes No  
 Arthritis Yes No  
 Osteoporosis Yes No  
 Past or Present use of Bisphosphonates Yes No  
 (Bisphosphonates include: Fosamax, Aredia, Zometa, Actonel, Boniva, Reclast, Prolia)

**Endocrine:**

Diabetes Type I Yes No  
 Age diagnosed: \_\_\_\_  
 Diabetes Type II Yes No  
 Age diagnosed: \_\_\_\_  
 Diabetic Complications Yes No  
 (Nerve, eye, or kidney problems)  
 Thyroid problems Yes No

**Other:**

Kidney disease Yes No  
 Dialysis Yes No  
 Liver disease Yes No  
 Hepatitis A, B, C (circle all that apply) Yes No  
 Organ transplant Yes No  
 Organ: \_\_\_\_\_ Date: \_\_\_\_\_  
 Gastrointestinal problems Yes No  
 Gerd/Esophagus problems Yes No  
 STD Yes No  
 HIV/AIDS Yes No

(This will be held in strict confidence; many drugs taken for this condition have a profound influence on sedation and can make the sedative drugs dangerously potent.)

Cancer/Leukemia Yes No  
 Chemotherapy completion date: \_\_\_\_\_  
 Radiation completion date: \_\_\_\_\_  
 Other related surgeries/procedures: \_\_\_\_\_  
 Acute narrow angle glaucoma Yes No  
 Malignant Hyperthermia Yes No  
 (Self or Family history)

**Social History:**

Tobacco use (even if you have quit smoking)? Yes No  
 Packs per day \_\_\_\_ # yrs smoker \_\_\_\_  
 Quit date if applicable: \_\_\_\_\_  
 How frequently do you consumer alcohol? Yes No  
 (# drinks/week): \_\_\_\_\_  
 Do you use recreational drugs; if so which? Yes No  
 (confidential): \_\_\_\_\_  
 Have you in the past or are you currently in treatment for any form of substance addiction? Yes No

**Dental:**

Last dental exam approximate date: \_\_\_\_\_  
 Previous dentist: \_\_\_\_\_  
 Rate your fear/anxiety with dental visits: \_\_\_\_\_  
 0(no fear)-5(Extreme fear)

By signing below, you acknowledge that the information provided in this two page medical history is complete and accurate. You also acknowledge that omitted or inaccurate information may result in complications to your dental treatment and/or sedation.

Patient (or Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Consent: IV Conscious Sedation:**

The purpose of this 2-page document is to provide an opportunity for patients to understand and give permission for IV conscious sedation when provided along with dental treatment.

The purpose of IV conscious sedation is to more comfortably receive your dental care. Sedation is not required to provide your dental care. Sedation is a drug-induced state of reduced awareness, reduced ability to respond and to make decisions. IV conscious sedation is not sleep. I will be able to respond during the procedure. The effects of the sedation medications should wear off before the end of the day of the dental appointment. I understand that IV conscious sedation has limitations and risks and absolute success cannot be guaranteed.

I understand that my sedation will be achieved by the following route(s): IV sedation is achieved by placing an IV needle in a vein and administering sedation medications, usually a benzodiazepine and/or narcotic. Other medications may be administered as well. Sometimes oral medications are also given before the dental appointment and sedation may also involve administering nitrous oxide (laughing gas) during my dental appointment.

I understand that the sedation options (and alternatives to IV conscious sedation) are:

- a. No sedation: The necessary procedure is performed under local anesthetic with the patient fully aware.
- b. Nitrous oxide sedation: Commonly called laughing gas, nitrous oxide provides relaxation but the patient is still generally aware of surrounding activities. Its effects can be reversed in five minutes with oxygen.
- c. Anxiolysis (or minimal) sedation: A pharmacologically induced state of consciousness where an individual is awake but has decreased anxiety to facilitate coping skills, retaining interactive ability.
- d. Oral conscious (minimal or moderate oral) sedation: Sedation via pill form that will put me in a minimally to moderately depressed level of consciousness.
- e. Intravenous (IV) conscious (or moderate) sedation: The doctor could inject the sedative in a tube connected to a vein in my arm to put me in a minimally to moderately depressed level of consciousness.
- f. General anesthesia: Also called deep sedation, a patient under general anesthetic has no awareness and must have their breathing temporarily supported. General anesthesia is more appropriate for longer procedures lasting 3 or more hours.

I understand that there are risks or limitations to all procedures. For sedation these include:

- a. (Oral sedation) Inadequate sedation with initial dosage may require the patient to undergo the procedure without full sedation or delay the procedure for another time. Likewise, in compliance with state regulations, an additional dose or doses may be required to complete the procedure.
- b. Atypical reaction to sedative drugs that may require emergency medical attention and/or hospitalization such as altered mental states, physical reactions, allergic reactions, and other sicknesses. Discomfort, nausea, vomiting, swelling, infection, excessive bleeding, or bruising can occur at the site where the drugs are placed into a vein, which may include vein irritation, called phlebitis. Rarely, complications could require medical care, further medications or hospitalization, including very rare potential of brain damage, stroke, heart attack or death.
- c. Inability to discuss treatment options with the doctor should circumstance requires a change in treatment plan. (See the following section.)

Although we will make every attempt to discuss your planned treatment and problems that may arise prior to sedation and treatment, there are times when unforeseeable circumstances arise and require that the original treatment plan is altered to ensure you are left in a comfortable and stable dental condition with minimal discomfort. If, during the procedure, a change in treatment is required, including abandoning the original treatment plan if deemed medically/professionally necessary, I authorize the doctor and the operative team to make whatever change they deem in their professional judgment is necessary. *This may include but is not limited to: finding that, during treatment, a tooth previously thought to be restorable requires extraction or that a tooth that was initially believed to need a crown in fact also requires endodontic treatment (root canal).*

I understand that it is of EXTREME importance to both the outcome of my treatment and my overall health and safety that I provide a complete and up to date medical history including any and all allergies, medical conditions, illnesses and hospitalizations, medications (including prescription medications, over the counter medications, and supplements), cigarette use, recreational drug use, and alcohol use, even if I cannot see how there are relevant to my dental treatment/sedation. I agree that I will inform my doctor immediately if there is a new diagnosis or change to my medical history. I understand that withholding any information in relation to my medical history and/or failing to update my dentist on changes could put my life at risk!

I understand that it is ESSENTIAL that I follow all of the doctor's pre and postoperative instruction, including those in written and verbal form. It is particularly important that I observe the rule that typically nothing but a small amount of water can be taken by mouth for a period of time (usually 8 hours but follow your specific instruction) before the procedure; to do otherwise could potentially be life threatening!!! I understand that I must notify the doctor if I am pregnant, become pregnant before sedation, or if I am lactating. I must notify the doctor if I have any symptoms of an upper respiratory infection, sore throat, fever, or any other symptoms of any illness preceding my sedation visit. I must notify the doctor if I have sensitivity to any medication, of my present mental and physical condition, if I have recently consumed alcohol, and if I am presently on psychiatric mood altering drugs or other medications. I will read this consent over again and any other instruction sheets completely and thoroughly, as it tells how to take the pre-operative oral sedation medications, precautions and contra-indications regarding taking these sedation medications, medicines and herbals that oral and IV sedation medications should not be taken with, and important before & after sedation/oral surgery instructions.

I will need to go straight home and rest the day of my sedation visit and for 24 hours after my procedure. I understand I will need to have arrangements for a responsible adult aged 18 or older to drive me to and from my dental appointment while taking oral sedatives and care for me on the day of sedation. I will not drive, operate machinery, cook, supervise children, or make any important or legal decisions for 24 hours after my dental appointment is finished, regardless of how "good" I may feel. I will use ABSOLUTELY NO RECREATIONAL DRUGS OR ALCOHOL for 24 hours before or after treatment or with prescribed sedation or pain medications and pills, nor will I use prescribe pain medications more frequently or in higher doses ("doubling up" on pill) than instructed.

I give my dentist and his staff permission to discuss my dental procedures, post-op instructions and any pertinent information for caring for me to my ride/chaperone/care giver, including in person, by telephone, email, etc., as I may not remember what the dentist and/or his staff told me after I take the medications or be in a good state of mind to care for myself for the rest of the day.

I have read and understand this 2-page document in its entirety and my dentist and/or dental staff have satisfactorily addressed all of my questions and concerns. I hereby give consent for conscious IV sedation to be used in conjunction with my dental treatment. If I am signing on behalf of a minor child or for an adult patient with mental or physical limitations that prevent them from providing consent, I affirm that I have the legal authority to do so. I give consent to sedation in conjunction with my dental care. I fully understand the risks involved. I certify that I speak, read and write English.

Print name of patient (and parent/guardian name if applicable): \_\_\_\_\_

Patient / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

## **ORAL CONSCIOUS (MINIMAL or MODERATE ORAL) SEDATION ("OCS") INFORMED CONSENT FORM**

The purpose of this 2-page document is to provide an opportunity for patients to understand and give permission for oral conscious (minimal or moderate oral) sedation ("OCS") when provided along with dental treatment.

1. I understand that the purpose of OCS is to more comfortably receive necessary care. OCS is not required to provide the necessary dental care. I understand that OCS has limitations and risks and absolute success cannot be guaranteed. (See #4 options.)

2. I understand that OCS is a drug-induced state of reduced awareness and decreased ability to respond. OCS is not sleep. I will be able to respond during the procedure. My ability to respond normally returns when the effects of the sedative wear off.

3. I understand that my OCS will be achieved by the following route:  
Oral Administration: I will likely be given sedatives to take before my appointment as well as during the visit.  
Nitrous oxide ("laughing gas") sedation may be used as well.

4. I understand that the sedation options (and alternatives to OCS) are:

a. No sedation: The necessary procedure is performed under local anesthetic with the patient fully aware.

b. Nitrous oxide sedation: Commonly called laughing gas, nitrous oxide provides relaxation but the patient is still generally aware of surrounding activities. Its effects can be reversed in five minutes with oxygen.

c. Anxiolysis (or minimal) sedation: A pharmacologically induced state of consciousness where an individual is awake but has decreased anxiety to facilitate coping skills, retaining interactive ability.

d. Oral conscious (minimal or moderate oral) sedation: Sedation via pill form that will put me in a minimally to moderately depressed level of consciousness.

e. Intravenous (IV) conscious (or moderate) sedation: The doctor could inject the sedative in a tube connected to a vein in my arm to put me in a minimally to moderately depressed level of consciousness.

f. General anesthesia: Also called deep sedation, a patient under general anesthetic has no awareness and must have their breathing temporarily supported. General anesthesia is more appropriate for longer procedures lasting 3 or more hours.

5. I understand that there are risks or limitations to all procedures. For sedation these include:

a. (Oral sedation) Inadequate sedation with initial dosage may require the patient to undergo the procedure without full sedation or delay the procedure for another time. Likewise, in compliance with state regulations, an additional dose or doses may be required to complete the procedure.

b. Atypical reaction to sedative drugs that may require emergency medical attention and/or hospitalization such as altered mental states, physical reactions, allergic reactions, and other sicknesses.

c. Inability to discuss treatment options with the doctor should circumstance requires a change in treatment plan. (See the following agreement in point #6)

6. Although we will make every attempt to discuss your planned treatment and problems that may arise prior to sedation and treatment, there are times when unforeseeable circumstances arise and require that the original treatment plan is altered to ensure you are left in a comfortable and stable dental condition with minimal discomfort. If, during the procedure, a change in treatment is required, including abandoning the original treatment plan if deemed medically/professionally necessary, I authorize the doctor and the operative team to make whatever change they deem in their professional judgment is necessary. *This may include but is not limited to: finding that, during treatment, a tooth previously thought to be restorable requires extraction or that a tooth that was initially believed to need a crown in fact also requires endodontic treatment (root canal).*

7. I have had the opportunity to discuss OCS and have my questions answered by qualified personnel including the doctor. I have received a copy of the pre and post-operative instructions and agree to abide by these. I also understand that I must follow all the recommended treatments and instructions of my doctor.

8. I understand that it is of EXTREME importance to both the outcome of my treatment and my overall

health and safety that I provide a complete and up to date medical history including any and all allergies, medical conditions, illnesses and hospitalizations, medications (including prescription medications, over the counter medications, and supplements), cigarette use, recreational drug use, and alcohol use. I agree that I will inform my doctor immediately if there is a new diagnosis or change to my medical history. I understand that withholding any information in relation to my medical history and/or failing to update my dentist on changes could put my life at risk!

9. I understand that it is ESSENTIAL that I follow all of the doctor's pre and postoperative instruction, including those in written and verbal form. It is particularly important that I observe the rule that nothing but a small amount of water can be taken by mouth for a period of time before the procedure; to do so could potentially be life threatening!!! I understand that I must notify the doctor if I am pregnant, become pregnant before sedation, or if I am lactating. I must notify the doctor if I have any symptoms of an upper respiratory infection, sore throat, fever, or any other symptoms of any illness preceding my sedation visit. I must notify the doctor if I have sensitivity to any medication, of my present mental and physical condition, if I have recently consumed alcohol, and if I am presently on psychiatric mood altering drugs or other medications.

10. I will need to go straight home and rest the day of my sedation visit and for 24 hours after my procedure. I understand I will need to have arrangements for a responsible adult aged 18 or older to drive me to and from my dental appointment while taking oral sedatives and care for me on the day of sedation. I will not drive, operate machinery, cook, supervise children, or make any important or legal decisions for 24 hours after my dental appointment is finished, regardless of how "good" I may feel. I will use ABSOLUTELY NO RECREATIONAL DRUGS OR ALCOHOL for 24 hours before or after treatment or with prescribed sedation or pain medications and pills, nor will I use prescribe pain medications more frequently or in higher doses ("doubling up" on pill) than instructed.

11. I give my dentist and his staff permission to discuss my dental procedures, post-op instructions and any pertinent information for caring for me to my ride/chaperone/care giver, including in person, by telephone, email, etc., as I may not remember what the dentist and/or his staff told me after I take the medications or be in a good state of mind to care for myself for the rest of the day.

12. I have read and understand this 2-page document in its entirety and my dentist and/or dental staff have satisfactorily addressed all of my questions and concerns. I hereby give consent for OCS to be used in conjunction with my dental treatment. If I am signing on behalf of a minor child or for an adult patient with mental or physical limitations that prevent them from providing consent, I affirm that I have the legal authority to do so. I give consent to sedation in conjunction with my dental care. I fully understand the risks involved. I certify that I speak, read and write English.

Printed name of patient (and parent/guardian name if applicable): \_\_\_\_\_

Patient / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

## PREOPERATIVE SEDATION INSTRUCTIONS

1. Please arrive 15 minutes prior to your scheduled appointment time on the day of your sedation treatment. Use the restroom on arrival.
2. Please inform us if you develop any sickness prior to your scheduled sedation like symptoms (like a sore throat) of a cold, flu, or upper respiratory infection. We may need to delay your sedation appointment.
3. Pregnant women are NOT candidates for elective sedation; I cannot have sedation if I am pregnant or find out that I am pregnant prior to the sedation appointment.  
Women who are breastfeeding need to prepare for feedings post appointment; pump and discard for a minimum of 24 hrs after being sedated.
4. Take any pre-procedure medications as instructed. Do not use alcohol for 24 hours before your sedation appointment.
5. There must be a responsible adult (over 18 years old) who checks in with you on the day of your appointment and who may be asked to remain onsite during your treatment depending on the anticipated length of the appointment and who drives you to your appointment and home after sedation. You cannot be dismissed from the sedation appointment unattended. You cannot be transported by public transportation, taxi or ride sharing service, or walking/biking home; you must be transported in a private vehicle by a designated responsible adult. This person will not be allowed back into the treatment area, nor will any other companion; this is to maintain a safe and controlled environment and avoid distractions during your sedation visit. Please do not bring any companions other than the driver to your appointment. **Again, no one but the patient will be allowed into the treatment area at a sedation appointment due to the sensitive nature of the sedation visit; this includes parents and guardians of minor children. It is imperative that there are no distractions to the patient, doctor, and staff during the sedation visit and that our staff can fully focus on our patient and that their movement and focus is not compromised. We will need the name and phone number of your driver when you check in.**
6. Please wear loose fitting clothing with short sleeves on the day of the sedation appointment that allows access to your arm and is not restrictive to your neck. Wear flat comfortable shoes with no heel.
7. You are advised not to take any food or liquids 8 hours before your scheduled appointment. This includes gum, mints, and candy. (If scheduled at 8:00 a.m., do not consume and food or liquid after midnight.) You can take your normal medications and any preoperative medications prescribed by us with sips of water. Continue to take any routine prescription medications unless otherwise instructed. **ABSOLUTELY NOTHING IS TO ENTER YOUR MOUTH EXCEPT AIR AND YOUR MEDICATIONS WITH A FEW SIPS OF WATER FOR 8 HOURS PRIOR TO YOUR SCHEDULED PROCEDURE; OTHERWISE YOU CANNOT BE SEDATED.**
8. Sedation will result in decreased mental clarity, coordination, lack of awareness, and drowsiness. You should plan to rest for the remainder of the day on which sedation is delivered; do not plan any activities until fully recovered from the effects of sedation (24 hours after dismissal from your dental appointment). During this period of time, you should not drive, operate any potentially hazardous equipment (like power tools or cooking), drive any vehicle, supervise children, make important decisions, or enter into a legal contract. This period of time includes sedative drugs taken prior to your arrival at our office, and this means that you should not drive yourself to the sedation visit.
9. Contact lenses should not be worn on the day of your procedure; refrain from wearing any jewelry including body jewelry like lip or tongue rings to your sedation appointment. Wear minimal makeup and no nail polish.
10. It is highly important that we have a full and complete medical history for all patients, especially when sedation is planned including any allergies, medical conditions, surgeries or illnesses, and a COMPLETE list of medications including nonprescription medications and supplements. Please inform us as soon as there is any new diagnosis or new medication.
11. Read the post-operative instructions and give a copy to your driver/caregiver before your visit. It is a good idea to coordinate the filling of prescriptions you will be given the day of your dental procedure, and to purchase easily digestible liquids and foods like juice, Ensure, and mashed potatoes to consume after your visit. If you are prescribed pain medications, nausea can be an issue, especially when combined with the sedative medications and taking pain medications on an empty stomach can increase nausea.
12. Nutritional supplements can have serious effects on sedation; the following changes are recommended prior to and following sedation; if the supplement has been recommended to you by a physician, discuss the alteration with that doctor first:  
St. John's Wort -- discontinue 5 days before and restart 4 days after surgery  
Kava Kava -- discontinue 14 days before and restart 4 days after surgery  
Valerian and Gotu Kola--discontinue 1 day before and restart 4 days after surgery  
Echinacea—discontinue 4 weeks before surgery, as it delays healing, and restart 4 weeks after surgery
13. Effects and limitations of sedation: I understand that the sedation medications may not work as intended. The effects of local anesthetic or sedative medications may cause prolonged drowsiness, dizziness, headache, blurry vision, and amnesia. Nausea and vomiting, although not common, are potential side effects of anesthesia. Bed rest and medications may be required for relief.

## **POSTOPERATIVE SEDATION INSTRUCTIONS**

**1. Directly after your procedure, you'll need to stay in your doctor's office until both you and your doctor feel that you can safely return home. You MUST have someone who will drive you home and be available for any help you might need for the next 24 hours.**

**2. The medications you've been given remain in your body for several hours and will continue to effect your coordination and mental state for up to 24 hours. Please follow the list of DOs and DON'Ts in order to avoid possible problems.**

### **DO:**

- Do leave the office with a responsible adult who can assist with your care.**
- Do rest quietly for the remainder of the day.**
- Do consume liquids first and slowly progress to a light meal.**
- Do observe and follow any postoperative instructions related to your specific dental procedure(s) like those concerning diet and activity.**

### **DON'T:**

- Don't drive a car for the remainder of the day or use any potentially dangerous equipment (like power tools or cooking). Avoid bathing in a bathtub while drowsy.**
- Don't drink alcohol for at least 12 hours.**
- Don't take any medications outside your normal routine prescriptions unless discussed with your doctor.**
- Don't make any major decisions or sign contracts for at least 24 hours post sedation.**

**3. Diet: Nausea can be a common problem following sedation. Avoid heavy or spicy foods or milk the day of your sedation visit. After the dental appointment, start with clear liquids like a small amount of water, juice, or sports drinks. If this is well tolerated, you may drink a thicker liquid like Ensure or soft easily digestible foods like mashed potatoes. It is best to avoid heavy meals on the day of your visit. If you experience nausea, dizziness, or vomiting call our office.**

**4. Please contact your doctor's office if you feel your recovery is not going well or if you have any questions.**

**Thank you!**