

INSTRUCTIONS AND CONSENT FORM FOR PARENTS OF PEDIATRIC PATIENTS WHO ARE TO RECEIVE SEDATION FOR DENTAL TREATMENT

Your child has some dental concerns that require treatment. Sometimes the extent of treatment and/or the cooperative ability of a young child indicate the need for a sedative medicine to facilitate the doctor and staff in providing care. Because providing no treatment can complicate your child's dental problems, we are recommending a sedation visit to aid in the delivery of care.

The sedation includes a combination of an oral sedative, local anesthesia and possibly nitrous oxide with oxygen. We have found this combination to be safe and effective. Please understand your child will not be "put to sleep". He/she may also become very drowsy and fall asleep on his/her own, but your child can be awakened. Your child may even go through an irritable or hyperactive stage. This is normal with the medication. After the oral sedative begins to take effect, your child will be placed in a papoose board to prevent unwanted movement. Also a mouth prop will be used to help rest their mouth in an open position during the visit. Parents are asked to separate from their child and wait in the reception area while the treatment is being completed.

Whenever a child is sedated, there are certain risks involved. All available safety precautions will be taken with your child to minimize the possibilities of unwanted side effects. This includes monitoring your child's pulse, blood pressure, respirations and oxygenation level of the blood. The staff is trained for medical-dental emergencies associated with these procedures. Potential side effects and complications include nausea and vomiting, drowsiness, uncoordination, respiratory depression and death.

IT IS IMPORTANT FOR YOUR CHILD'S SAFETY THAT YOU FOLLOW THESE INSTRUCTIONS CAREFULLY:

EATING AND DRINKING:

Do not give your child any solid food or non-clear liquids after midnight prior to the morning sedation appointment. You may allow your child to have 1-3 oz. water only up to five hours before the appointment. If your child's appointment is in the afternoon, we will give you special instructions concerning when and what they can eat. Avoid all dairy products on the morning of your appointment.

CHANGE IN HEALTH:

If your child develops a cough, cold, fever, runny nose, or other illness in the week before your appointment, call us. After talking with you, we will be able to decide if the appointment must be postponed.

MEDICATIONS:

Give your child only those medications which he/she takes routinely, such as seizure medications and prophylactic antibiotics, and those prescribed by your child's doctor or dentist. Do not give your child any other medications before or after treatment without checking with your doctor or dentist.

ARRIVING:

Plan to arrive for your appointment. A responsible adult must accompany the patient to the dental office and must remain in the office until treatment is completed. It would be ideal to bring another adult to help on the way home, as your child may be drowsy and uncoordinated. Have your child wear loose fitting clothing with short sleeves. Bring an extra change of clothes and underwear/diaper. Once the child is in the room, we will need bare feet for monitor hook-up. Therefore, no toe-nail polishes, tights, or footed pajamas. Be sure your child uses the bathroom shortly before the sedation.

GETTING HOME:

Your child should be carefully secured in a car seat or seat belt for the ride home. Watch them closely for any signs of breathing difficulty. Gently reposition their head back or to the side if their head falls forward significantly while sleeping. Usually the child will reposition their own head as they would do when they are sleeping at night.

ACTIVITIES AFTER TREATMENT:

Do not plan or permit activities for the child after treatment such as climbing stairs, playing on a swing set, active or rough play, etc. Allow the child to rest. Closely supervise any activity for the remainder of the day.

EATING & DRINKING AFTER TREATMENT:

After treatment the first drink should be water. Sweet drinks can be given next (clear fruit juices or Gatorade). Small drinks taken repeatedly are preferred to taking large amounts at once. Your child should not eat for the first two hours after the appointment. Then soft food, not too hot, may be taken when desired. (Examples would be soup, pasta, mashed potatoes, applesauce, jello, and canned fruit).

BLEEDING:

Your child may have a small amount of pinkish saliva following the appointment. This is especially likely if the child had any teeth taken out of gum surgery performed. This is not unusual. If you notice continuous bleeding from the mouth, place gauze or a wet wash cloth firmly over the bleeding area. Hold the gauge in place for at least fifteen minutes. Repeat if necessary. If you child has bleeding you cannot control, call your dentist.

DISCOMFORT/PAIN:

There may be soreness throughout the mouth after dental treatment. Tylenol as directed every four to six hours will help alleviate this condition. Please call our office if discomfort persists more than two days after the appointment so that we might advise you.

TEMPERATURE ELEVATION:

The child's temperature may be elevated to 101 F/38 C for the first twenty-four hours after treatment. Temperature above 101 F/38 C is cause to notify the office.

SEEK ADVICE (CALL 315-637-6961, 24 HOURS A DAY):

1. If vomiting persists beyond four hours
2. If the temperature remains elevated beyond twenty-four hours or goes above 101 F/38 C
3. If there is any difficulty breathing
4. If any other matter causes you any concern

Doctor _____ discussed with me, to my satisfaction, the nature and purpose of this procedure along with the alternative methods, their advantages and disadvantages, and possible risks. I have been given the opportunity to ask questions, and all questions about the procedure have been answered in a satisfactory manner.

I acknowledge I understand the sedation procedure and approve of its use by Doctor _____ in the management of _____ during his/her dental appointment.

PARENT/GUARDIAN SIGNATURE

DATE

WITNESS

DATE