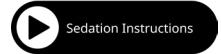




Instructions for Patients Regarding Oral Sedation

You have elected to have an “oral conscious sedation” completed as part of your treatment.

To view an accompanying video for this oral sedation protocol please scan the QR code or enter the following link on your computer: <https://youtu.be/0TKpRkKUseU>



Please consult with your physician or pharmacist to determine if any of these medications are contraindicated for you. It is important to note that you will not be released to the care of anyone other than a close friend or family member following your sedation. You must not drive to or from the appointment and you should plan on spending the rest of your day recovering from the sedation. Your driver should be prepared to remain with you following treatment to help administer post op medications and monitor you following treatment until normal level of consciousness has been regained.

If you have not disclosed all medications that you are currently taking, please do so prior to taking any of these medications. It is also very important that you inform us if you are or may be pregnant as these medications are not allowed in those individuals. Avoid using grapefruit juice or St. John’s Wort for one week prior to your sedation visit.

Make sure you have read and/or received all necessary consent forms prior to arriving for your appointment. These should be given to you or can be emailed to you before your visit. It will be necessary to have these signed and completed prior to you taking the sedative medications so we may obtain your uninhibited consent to provide care.

1. Arrive one hour before your scheduled surgery start time so we can give you your first dose of the medication.

ACTUAL ARRIVAL TIME:

SURGERY DATE :

2. **DO NOT EAT OR DRINK** anything other than water for at least **8 hours before** your scheduled visit; NO COFFEE. The only exceptions would be medications that have been prescribed by our office and have instructed you to start before your visit.
3. You should not plan on driving for 24 hours after taking any of these medications.
4. If a narcotic was prescribed for you, you must delay taking it for 24 hours after the administration of your sedative medications.
5. Your transport person should be prepared to remain with you for 8 hours after your treatment was completed.

Following completion of your procedure it is important to ingest clear fluids and rest. Modify your diet as your doctor has recommended.

FOR OFFICE USE ONLY

Consent forms signed Medications/Prescriptions dispensed Payment arrangements made



Anxiolysis – Conscious Sedation Consent Form

The purpose of this document is to provide an opportunity for our patients to understand and give permission for conscious sedation when provided with dental treatment. Each item should be checked off after the patient has the opportunity for discussion and questions.

- 1. Conscious sedation is intended to allow me to receive dental care in a more comfortable manner.
2. I understand that these medications will cause an altered state of reduced awareness and decreased ability to respond. Conscious sedation is not sleep, I will be able to respond during the procedure. My ability to respond normally returns when the sedatives wear off.
3. I understand that my conscious sedation will include the use of the following medications:
Halcion Hydroxyzine
.125mg .25mg 30mg 50mg
4. I understand that it is my responsibility to talk with my pharmacist or doctor prior to using these medications to rule out any complications from medication I am already taking or have not disclosed to my dentist.
5. I understand that there are alternatives to oral conscious sedation which include: No sedation, IV sedation and general anesthesia.
6. I understand that while rare that there are risks and limitations to all procedures, for sedation these include:
Atypical reaction to sedative drugs which may require emergency medical attention and/or hospitalization such as altered mental states, physical reactions, allergic reactions and other sicknesses.
Inability to discuss treatment options with the doctor should circumstances require a change in treatment plan.
7. If, during the procedure, a change in treatment is required, I authorize the doctor to make whatever change they deem in their professional judgment is necessary. I understand that I have the right to designate the individual who will make such a decision.
8. I have had the opportunity to discuss conscious sedation and my procedure in general and have my questions answered by qualified personnel, including the doctor. I also understand I should follow all instructions given to me by the doctor.
9. I understand that I must notify the doctor if I am pregnant or lactating. I must notify the doctor if I have sensitivity to any medications, of my present mental and physical condition, if I have recently consumed alcohol, and if I am taking any mild altering drugs at this time.
10. I understand that I will not be able to drive or operate machinery for 24 hours after my procedure and use of narcotic pain medications should be delayed for at least 24 hours after the last dose of my sedative meds have been administered.

Patient Signature

Date

Witness