

CONSENT FOR ENDODONTIC ANESTHESIA

Patient Name _____ Date _____

**Please initial each paragraph after reading.
If you have any questions, please ask your doctor BEFORE initialing.**

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

I hereby authorize Dr. Russin and Staff to perform the following procedure:

_____ and to administer the anesthesia that I have chosen, which is:

- Local Anesthesia
- Nitrous Oxide/Oxygen Analgesia
- Oral Conscious Sedation

Other treatment options: _____

_____ 1. I understand that the purpose of oral conscious sedation is to more comfortably receive necessary care by taking a pill by mouth (“orally”) prior to a treatment procedure. Oral conscious sedation is not required to provide the dental care, but can provide a more relaxed and enjoyable experience during treatment. I understand that oral conscious sedation has limitations/ risks and absolute success cannot be guaranteed. (See #4 options.)

_____ 2. I understand that oral conscious sedation is a drug-induced state of reduced awareness and decreased ability to respond. The purpose of oral conscious sedation is to reduce fear, pain, and anxiety. It also may be used to reduce a bad gag reflex, claustrophobic tendencies, or excessive saliva flow. I will be able to respond during the procedure, however, my memory of the events during the sedation may be temporarily impaired (amnesia). My ability to respond and remember normally returns when the effects of the sedative wear off.

_____ 3. I understand that oral conscious sedation will be achieved by the following route:

Oral Administration: I will take pill at the office that is crushed into a powder and placed under my tongue to dissolve approximately 45-60 minutes prior to my treatment appointment. The sedation will last approximately 2-4 hours, and repeated dose(s) may be administered during the procedure to maintain the level of sedation, if needed. Often an oral dose of a medication may be provided to take the night before in some cases. Various degrees of cardiovascular and respiratory monitoring are provided to insure patient safety.

_____ 4. I understand that the alternatives to oral 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 5-10 minutes with oxygen. Nitrous oxide is often used with other forms of sedation including oral and intravenous sedation.

- c. Intravenous (IV) Administration: Similar to oral conscious sedation, but the doctor will inject the medication(s) into a tube connected to a vein in my hand, arm or foot. The onset of IV sedation is within minutes after the administration of the sedative and the effects of the sedation are worn off more rapidly than the oral “pill” form. Depths and the duration of the sedation can be altered as needed and complete amnesia of the procedure is common. Multiple drugs including sedatives, anti-anxiety, pain killers and anti-inflammatory drugs can easily be administered. Emergency drugs also have a quick and easy access, if needed, due to the already established IV. Advanced cardiovascular and pulmonary monitoring is required.
- d. General Anesthetic: Commonly called deep or “complete” sedation, has all the advantages of IV sedation but the patient under a general anesthetic is completely unconscious, has no awareness or the ability to respond, and must have their breathing temporarily supported during the procedure. General anesthesia is more appropriate for longer, more complex procedures, is generally provided in a hospital environment, and is not provided by our office.

_____ 5. I understand that there are risks or limitations to all procedures. For oral conscious sedation, these may include:

- Inadequate initial dosage may require the patient to receive a second dose of a sedative which could delay the dental procedure due to its slower onset.
- An atypical reaction to 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 circumstance(s) require a change in treatment plan.

_____ 6. If, during the procedure, a change in treatment is required, I authorize the doctor and the operative team to make whatever change they deem in their professional judgment is necessary and closest to the original, agreed treatment plan. I understand that I have the right to designate the individual who will make such a decision.

_____ 7. I have had the opportunity to discuss oral sedation and have my questions answered by qualified personnel including the doctor, if I so desire. I also understand that I must follow all the recommended treatments and instructions of my doctor/staff.

_____ 8. I understand that I must notify the doctor if I am pregnant, or if I am lactating. I must also notify the doctor if I have sensitivity to any medication, of my present mental and physical condition, if I have recently consumed alcohol, and/or if I am presently on psychiatric mood altering drugs or other medications.

_____ 9. I will not be able to drive/operate machinery or make any important decisions while taking oral sedation for 24 hours after my procedure. I understand I will need to have arrangements for someone to drive me to and from my dental appointment while undergoing sedation.

_____ 10. I hereby consent to oral sedation in conjunction with my dental treatment:

Patient / Guardian

Date

Witness