

Instructions and Informed Consent for IV Sedation

Updated 2024

- Purpose:** I understand the purpose of IV deep sedation is to more comfortably receive necessary care.
- Sedation Route:** I understand that my IV deep sedation will be achieved by Intravenous and Inhalation medications, that there will be a tube into my nose and down my throat, and that this will be provided by a visiting dental anesthesiologist or nurse anesthesiologist in the office of Dr. Pamela Nicoara.
- Sedation Depth:** I understand that IV deep sedation is a drug-induced state of general lack of awareness where I am no longer 'awake' during the procedure, as detailed in the paper work that will be provided by the anesthesiologist. I understand that there will be intubation into the lungs to temporarily support my breathing. I understand that after awaking from the anesthesia, I may require several hours or days to fully return to normal with regard to mental acuity.
- Risks and Limitations:** I understand the following is possible:
1. For small children or those with cognitive impairment, it may require more time or minor physical restraint to administer the initial inhalation anesthetic, and if this is not possible, the appointment may need to be cancelled. A \$500/hr cancellation fee may apply.
 2. Atypical reaction to the sedative drugs may require emergency medical attention and/or hospitalization such as altered mental states, physical reactions, allergic reactions, and other sicknesses.
- Unforeseen Conditions:** If, during the procedure, a change in treatment is required, I authorize Dr. Nicoara and the operative team to make whatever change they deem in their professional judgement is necessary. I understand that I have the right to designate an individual who will make such a decision for me.
- I agree that I will:**
1. Pay the IV sedation deposit of \$500 to secure my place on the day of treatment since the anesthesiologists are only available once per quarter and are booked up to one year in advance. The anesthesiologists will bring all the necessary equipment which will take about an hour to set up and break down for IV sedation day. This will not be refunded if I cancel with less than 2 weeks notice for any reason other than a true medical issue. If my portion is less than the deposit amount, the difference will be refunded after completion of the procedure.
 2. Pay the IV sedation support fee of up to \$295.
 3. See my physician if requested by the anesthesiologist in order for them to treat you.
 4. Not eat any food or drink 12 hours prior to IV sedation which will cause cancellation of my procedure and incur a \$500/hr cancellation fee.
 5. Consult with the anesthesiologist about taking all my regular prescribed medications with a sip of water in the morning unless they have instructed me not to.
 6. Arrive 15 minutes prior to my appointment and call when I arrive. Wait in the parking lot until I am called to come up to the office. This is to allow a clear waiting area for the departure of the prior patient.
 7. Have a driver bring me to the procedure and take me home afterwards. My driver must stay in the area, pick me up on time, and stay with me at home until I am no longer sedated (6-8 hours after the procedure). I understand there is a \$75/hr fee if my driver does not return by the end of the appointment time. I also understand siblings/children age 5 or younger are not permitted in the operatory. I understand it may take 30min or more to wake up from the sedation before leaving.
 8. Not take any interfering drugs or foods such as grapefruit juice or Saint John's Wart for 1 week prior to and 1 day after the procedure.
 9. Let you know if I am pregnant or lactating, or if there is any possibility that I may be pregnant.
 10. Let you know if I am allergic to any medications used for IV or general sedation in the past.
 11. Remove eye contacts, fake eye lashes, all jewelry and facial piercings prior to the procedure.
 12. Have at least one finger free of any nail polish.
 13. Wear short sleeved shirts and loose clothing for access to IV sedation, and sturdy shoes for unencumbered walking to prevent tripping while leaving the office.
 14. Not drive or operate hazardous equipment, do heavy lifting or stair climbing for 24 hours after the procedure.
 15. Not make any important decisions for 24 hours after the procedure.

I certify that I have read and understand the above informed consent for sedation, and have had an opportunity to ask questions and receive answers to my satisfaction. I understand I must follow all recommended treatments and instructions. I consent to oral sedation in conjunction with my dental care.

Sign.H

10/2024

Signature of Patient

Signature of Parent (if Patient is a Minor)

Signature of Witness