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| **We have booked you your Dental Sedation appointment on****Day ...............................     Date  ..........................................        Time ....................**  Have a good read through the information enclosed so you are fully aware of what is going to be involved.  Just a few key points to remember: Make sure you bring someone responsible with you who has signed the consent form. They don't have to stay for the appointment but it would be useful to have their mobile or contact number so we can contact them if we finish a bit early or running a bit late. Make sure you aren't planning to do anything important or something that involves responsibility for the rest of the day - most people go home after the appointment and have a pleasant snooze for a few hours Be honest on your Medical Form, sometimes its difficult to fill in these confidential forms with someone else close to you watching, especially if there is something sensitive in your Medical History.  Things like recreational drug use are important for us to know about, they affect how easy it is to get you sedated. We wont be judgmental, just let us know confidentially beforehand. Above all, don't worry! We won't do any dentistry on you unless you are really relaxed and ready to start. We will go through these forms with you at your appointment if you have any questions at all. Otherwise we look forward to seeing you very soon. With best wishes    Dr Rob Endicott BDSDentist / Sedationist |

Name ................................................................ Date of Birth...................................................

Name of carer .................................................... Carer mobile number ....................................

Although dental personnel primarily treat the area in and around your mouth, your mouth is a

part of your entire body. Health problems that you may have or medications that you may be

taking could have an important interrelationship with the dentistry you will receive.

Thank you for answering the following questions as honestly as possible, if you need more privacy to go through, please just ask us.

**Have you ever had IV Sedation before? If so, please give details**

**Are you undergoing any doctor or hospital treatment at the moment?** If so please give details

**Do you have any allergies?**

**Do you suffer from Sleep Apnoea? If so, do you have a CPAP machine? (you will need to bring this with you)**

**Do you regularly take Cannabis?** (you can answer that question in private in the surgery if you prefer, its an important question, cannabis use affects the efficiency of certain sedation drugs)

**Do you have any Chronic Health Condition that requires regular medication?**

**Do you take medication for Depression / Stress / Anxiety** (again, you can answer that question in private in the surgery if you prefer)

**Have you ever had a problem following Sedation, General or Local Anaesthetic (in dental setting or in hospital)?**

**Is there a possibility you may be Pregnant?**

**Have you ever had any serious illness not previously discussed?**

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient’s) health. It is my responsibility to inform the dental office of any changes in medical status.

Patients Signature..................................................Date.................................................

**Consent For Intravenous Conscious Sedation**

You have chosen I.V. Conscious Sedation for your Dental Work. This sedation will be a conscious sedation where you maintain your protective reflexes however, you will be less aware of your environment and of any discomfort. We will of course make sure you are throughly numb but anxiety will be greatly reduced anyway.

**Risks**

1. Nausea and vomiting. (very low)

2. Bruising or tenderness of the veins or vessels into which the medications are placed.

3. Slower Breathing. (low risk)

4. Extremely remote possibility that complications may require transport to a hospital for treatment.

**Alternatives**

1. General anesthesia administered by an anesthesiologist in an Hospital center. This may involve additional cost, arrangements and lab work other than what has been required in the office setting.
2. Treatment under Relative Analgesia (“Happy Air”)
3. Normal local anaesthetic (numbing)

**Before Surgery**

1. You can eat normally

2. Report to the practice any recent changes in health or any onset of symptoms of sickness,

especially fever or respiratory illness such as colds or flue like symptoms.

3. Take prescribed medications with a sip of water unless previously instructed otherwise.

4. Wear loose, comfortable clothing.

5. Remove all jewelry and leave at home.

6. A responsible adult (18 years or older) must accompany you, be accessible to the practice during surgery and available to drive you home.

7. Failure to comply with these instructions may result in cancellation of surgery.

**After Surgery**

1. Arrange for a responsible adult (18 years or older) to drive you home and stay with you for at least six hours after surgery.

2. Call the practice if you have any questions or concerns.

I hereby consent to and authorize that sedation be administered. I understand that Dr Rob Endicott will be carrying out the sedation.

I consent to paying for the treatment before commencement so that I am not paying whilst under the influence of the sedation.

I certify and acknowledge that I have read this form, that I understand the risks, alternatives and expected results of the anesthesia service and that all of my questions have been answered fully to my satisfaction. I understand the treatment that I am having done today, I have had the advantages, disadvantages and risks explained to me and the alternative treatments I could have, to my satisfaction.

I understand that there are rare circumstances where the planned treatment may have to altered during the procedure, e.g. when placing a filling, it may be that the decay goes too deep or there is a crack in the tooth. I give my consent for remedial work to be carried out to stabillise the situation. so that the situation can be discussed later. Tooth removal wont be carried out unless prior consent is reached with yourself. I understand that complex restorative treatment under sedation is often a lot more difficult than on “awake” patients but if there are any problems or difficulties, i will be contacted after the procedure with follow up advice.

Your Signature ..................................................... Date .......................................

**Consent for Responsible Person**

Thank you for agreeing to help the patient after the sedation session. Could you please read the document below to give you some basic do's and dont's when looking after the patient.

Please arrive with the patient and it is preferable if you could stay for the session, or be contactable and within easy reach.

**After IV Sedation:**

No alcohol until the next day.

Walk with crook of your elbow around the crook of the patient’s elbow. No other way is secure enough

Be careful of stairs up to and inside of your home. Do not allow the patient to negotiate them on his/her own. Always walk behind the patient when ascending stairs.

Do not discuss anything important on the way home. Do not sign any documents. The drug used for sedation causes temporary amnesia and your charge simply won’t remember most of any conversation you may have on the way home.

Do not let the patient use heavy machinery or DIY tools, boil kettles or attempt to cook!

Do NOT let the patient drive until the next day.

Do not let the patient wander out into the garden or the street unaccompanied

It is usually preferable to put the patient in the living room at home in front of the TV where he/she will most likely fall asleep and where you can keep a close eye without having to run up and down the stairs all the time.

I agree to the above advice given.

Signed by Responsible Adult ............................................. Date  ................................