



John R. Anderson, DDS
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SEDATION CONSENT

Some children cannot receive dental treatment in the usual manner due to their young age, fear, inability to cooperate, or the involvement of the procedures. Options for these children include: 1) delaying treatment until the child is more cooperative, 2) immobilizing the child to accomplish the care that is required, 3) sedating the child to a level at which dental care can be provided comfortably, or 4) giving the child a general anesthetic in the hospital. These possibilities all include various advantages, disadvantages, and risks. Delaying treatment may allow dental disease to progress to an emergency situation, including abscess formation, infection, pain, fever, and risk to the developing permanent teeth, or contribute to a long-term dental problem. Immobilizing the child in a pediatric wrap is generally safe and has few complications. However, in some children it may increase fear of dental treatment. General anesthesia must be performed in a hospital-type setting with an anesthesiologist administering the anesthesia. There are significant financial cost associated with this treatment as well as a low, but present, degree of risk to the child's health.

Factors considered when administering a sedative drug include the child's medical history, previous reactions to drugs, age, weight, behavior of the child, and the treatment to be accomplished. Despite such considerations, the child's reaction to a sedative drug may vary, with some children demonstrating little sedative effect while others may become profoundly sedated. The most common side effects to sedative drugs include: nausea, vomiting, dizziness, and with medications that are injected in the mouth, swelling may occur in the immediate area. Other reactions which are much less common, but must be mentioned are: respiratory depression, cardiac problems, and allergic reactions. In addition to sedative medication(s), nitrous oxide and oxygen will be used to supplement the sedation. Risks and complications with nitrous oxide are rare but include nausea and vomiting AND its effects are gone give minutes after it is stopped. All of these risks are minimized when the child has not recently eaten. Additionally, local anesthesia (numbing) for pain control will be used. The risks involved for local anesthesia is quite low, but similar to those listed for sedative medications. Proper and acceptable measures will be taken to optimize your child's safety and to achieve quality pediatric dentistry; however, we can give no guarantees or assurances as to the results.

Parents are not allowed to enter the treatment room during the sedation to allow the Doctor and staff to devote 100% of their time to the safety and care of your child.

Parents Initials

I certify that I have read and understand the above information and have had any and all questions concerning the procedures, material risks, and complications answered to my satisfaction. With the signing of this statement, I give a knowing and voluntary informed consent to administer conscious sedation to my child. I also acknowledge the receipt of and understand the Pre-sedation Instruction For Parents.

Child's Name _____

Parent/Legal Guardian Signature _____ Date _____

Signature of Witness _____ Date _____



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Dear Parent,

Enclosed you will find the information you need for your child's dental visit and sedation. Please arrive promptly so that we will have adequate time to treat your child. At the conclusion of your appointment, you will be given a sheet of post-appointment care instructions. Please review each of these information sheets and adhere to the recommendations. Your child's scheduled time is:

Day _____ Date _____ Time _____

PLEASE REMEMBER NOTHING TO EAT OR DRINK FOR YOUR CHILD PAST MIDNIGHT.

If you have any questions, please contact the office.

Sincerely,

John R. Anderson, DDS

PRESEDATION INSTRUCTIONS FOR PARENTS

This is to help parents understand what to expect when we sedate your child for dental treatment. First: This is not a general anesthetic. The child will NOT BE OUT, but will be sedated with medication. Usually he/she will fall asleep but can still be aroused if necessary. **YOUR CHILD SHOULD NOT EAT OR DRINK ANYTHING FOR FOUR HOURS BEFORE THE APPOINTMENT.** The medication sometimes causes nausea and this is best managed with an empty stomach.

The medicine we will be using is Versed (midazolam) and Vistril (hydroxyzine), along with nitrous oxide gas (laughing gas) in combination with oxygen, which your child will breathe throughout the appointment. Additional drugs, (Demerol [meperidine] or Phenergan [promethazine]) are sometimes used when needed to give an added sedative effect. We give these drugs by injection inside the mouth next to the cheek because of the rapid absorption from this area. After the injections, it will take about 10 minutes for the medication to take effect. The child is then placed on nitrous oxide and he/she will slowly relax. After several minutes his/her eyes start to close, and at this time we give the injections to numb the teeth.

Some resistance and crying is expected. After all, that is why we are sedating the child. A gauze airway protector and blanket wrap (papoose board) will be used to prevent injury. Sometimes children do not fuss at all, and sometimes they become combative, depending upon the child. If the child continues crying, petechiae spots may occur. This looks similar to a rash and is usually around the eyes and upper chest. It will go away on its own in several weeks. If he/she seems very resistant to settling down, as determined by the doctor, we can give the additional drug. **Rarely**, a child is stubborn and resistant enough to the medication that an adequate sedation level is not reached. If this does occur, then we would have to decide on "toughing it out" or giving up in favor of hospitalization. At any rate, he/she will remember little, if any, of the whole experience.

Parents are not allowed to enter the treatment room during the sedation to allow the Doctor and staff to devote 100% of their time to the safety and care of your child.

When we complete treatment, we turn off the nitrous oxide and leave on the oxygen while your child begins to arouse. He/she will still be very drowsy when released from the office. Additional instructions will be given at the end of treatment.

Questions often asked:

Is it safe? As with anything in life, there is always a risk, and using drugs with small children is definitely no exception. However, we do sedations every day in our office and have done so without serious complications. The methods described above have been done for many decades and have been proven to be safe in the field of Pediatric Dentistry. We feel that driving here in your car today is probably more dangerous than undergoing sedation.

Please call if you have questions:



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CARE INSTRUCTIONS FOR SEDATED PATIENTS

As we finish our treatment today, your child will still be drowsy. The medications will stay in their systems for several hours. You should do your best to try and keep him/her quiet and have them rest. If he/she refuses to be quiet and rest, you can expect him/her to be very upset and often disoriented.

After two hours is past, he/she may be allowed to eat or drink, but not before or nausea may result. It is essential that your child drink plenty of fluids after this 2-hour period and throughout the day. Dehydration can cause your child to become seriously ill, run a fever, or even need a possible visit to the hospital. Utilize a soft diet for **today** and then tomorrow your child may eat without restrictions.

If additional medications are given, it usually causes some swelling where it is injected. Swollen upper cheeks are common and only last a day or two. Depending on the type and amount of work that your child has had done today, he/she may have a "sore mouth." The medication your child received also relieves pain for the next 6 hours. If he/she is complaining of discomfort, children's Motrin or Tylenol given according to weight will be sufficient.

If "caps" were placed on your child's teeth, the gums around these caps will take a few days to heal. They may appear swollen, red, and may bleed when you brush them. It is important to brush them anyway to help them heal. Tonight, you should run the toothbrush under some hot tap water to soften the bristles before brushing your child's teeth. This makes it much more comfortable.

It is important your child return every six months to maintain the work that has been done today, as well as to help prevent the further occurrence of dental disease. If "caps" were placed today, we would also like to schedule a "healing check" in one week.

Please call if you have any questions.



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