

Central Dentists Springfield Lakes

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INTRAVENOUS SEDATION INFORMATION AND CONSENT FORM

If you have chosen intravenous sedation (IV sedation) as part of your treatment or if you have been told by the doctor and/or his staff that IV sedation would be the treatment method of choice then it is imperative that the following be understood:

INTRAVENOUS SEDATION DURING YOUR DENTAL TREATMENT AND GOING HOME INSTRUCTIONS:

It helps to be comfortable and calm when undergoing dental procedures. Your treatment can be completed for you under intravenous sedation. IV sedation is designed to better enable you to undergo your dental procedures while you are very relaxed; it will enable you to tolerate as well as not remember those procedures that may be very uncomfortable for you. IV sedation will essentially help alleviate the anxiety associated with your treatment. You may not always be asleep but you will be comfortable, calm and relaxed drifting in and out of sleep. In order to undergo intravenous sedation for your dental procedures you must agree to:

- A) Provide a responsible escort home - preferably by car
- B) Refrain from driving for the remainder of the day
- C) Defer any responsible or complicated tasks or any decisions requiring fine judgment for the remainder of the day
- D) REFRAIN FROM DRINKING ANY ALCOHOLIC BEVERAGES FOR 24 HOURS

FOOD:

Since you will lose some of your protective reflexes, It is vital that you have NOTHING TO EAT OR DRINK for six (6) hours prior to your anesthetic. TO DO OTHERWISE MAY BE LIFE-THREATENING! you should not drink any liquids four (4) hours prior to your appointment. You must have a completely empty stomach. Take regular medications or prescriptions prescribed by your physician, with clear fluids. Nothing to eat or drink after 8:00 a.m. if your appointment is in the afternoon. Please remind the doctor and staff if you are a diabetic. Special instructions will be given to you that will require you to eat a light meal before the procedure if you are a diabetic.

HOW IS THE IV ADMINISTERED?

A thin needle will be introduced into a vein in your arm or hand. The needle will be attached to an intravenous tube through which medication will be given to help you relax and feel comfortable. At times a patent vein may not be maintainable, in these situations the medications will be

administered and the needle retrieved - both scenarios will achieve the same desired level of conscious sedation. Once again some patients may be asleep while others will slip in and out of sleep. Some patients with medical conditions and/or on specific drug regimens may only be lightly sedated and may not sleep at all.

BEFORE THE PROCEDURE:

- 1) Please wear comfortable, loose fitting clothing with short sleeves for accessibility to veins.
- 2) Your doctor and dental assistant will tell you if you may eat a light meal before the procedure. (Please refer to the section "food" above).

AFTER THE PROCEDURE:

- 1) It is normal to be drowsy after the procedure. For your safety remember to bring someone with you who can take you home afterwards, preferably by car.
- 2) DO NOT DRINK ANY ALCOHOLIC BEVERAGES after your treatment.
- 3) Do not drive or operate any machinery, power tools or heavy equipment for the rest of the day.
- 4) Do not make any important legal or personal decisions and do not take on any responsible activities until the next day.
- 5) You may feel tired after the procedure, therefore don't schedule any activities for that day, just rest until the effects of the medications have worn off.
- 6) You may become nauseous. This is rare but can occur and may persist for 24 hours. Do not become alarmed this will pass.

ALLERGIC OR ABNORMAL REACTIONS:

Allergic/abnormal reactions to the medications used are extremely rare; however make sure to call the office if you are experiencing an untoward effect caused by the medication.

IF YOU ARE IN DOUBT ABOUT ANYTHING PLEASE DO NOT HESITATE TO CALL US ON 07 3381 8888

CONSENT:

I have read and understand the above paragraphs and realize that intravenous sedation and/or oral sedation carries with it certain serious risks. I request that intravenous and/or oral sedation anesthesia be used for my surgery. All my questions regarding this consent have been answered fully and to my satisfaction, and I fully understand the risks involved. I certify that I speak, read and write English.

Patient/Guardian: _____

Witness: _____