

PATIENT'S CONSENT FOR NITROUS OXIDE (N<sub>2</sub>O) SEDATION

**Diagnosis:** I have been informed that my treatment can be performed with a variety of types of anesthesia. These include local anesthesia as normally used for dental treatment, nitrous oxide sedation, oral conscious sedation, local anesthesia supplemented with IV conscious sedation, and general anesthesia in the hospital. My periodontist has recommended nitrous oxide sedation in addition to other possible forms of anesthetic because a long and stressful procedure is to be undertaken, certain medical or physical conditions, or I am subject to anxiety and emotional stress related to dental procedures.

**Recommended treatment:** I understand that in nitrous oxide sedation, doses of oxygen and nitrous oxide gas will be mixed together in safe ratios and will be administered to produce a state of relaxation, reduced perception of pain and drowsiness. However, I will not be put to sleep, as with general anesthetic or sedated to the level as in oral conscious sedation or IV sedation. In addition, local anesthetics will be administered to numb the areas of my mouth to be treated and thus further control pain.

**Expected benefits:** The purpose of nitrous oxide sedation is to lessen the significant and undesirable side effects of long or stressful dental procedures by chemically reducing the fear, apprehension and stress sometimes associated with these procedures. The gas can cause drowsiness, euphoria, loss of time awareness, an increased pain threshold and decreased fatigue.

**Principal risks and complications:** I understand that occasional complications may be associated with nitrous oxide sedation. These include nausea, vomiting and allergic reaction. I understand that nitrous oxide sedation may increase intracranial pressure, so if there is a preexisting condition or head trauma, please inform the doctor. In a rare situation, diffusion hypoxia may occur if the administration of nitrous oxide is abruptly discontinued. This may lead to unconsciousness. To avoid this the doctor will administer pure oxygen. To help minimize risks and complications, I have disclosed to the Doctor any and all drugs and medications that I am taking. I have also disclosed any abnormalities in my current physical status or past medical history. Nitrous oxide will cause increased effects to psychotropic drugs. Blocked sinus cavities, blocked nasal passages, pneumothorax, chronic obstructive pulmonary disease (chronic bronchitis and/or emphysema), asthma and pregnancy are contraindications for nitrous oxide use. Nitrous oxide, in rare occasions, may precipitate an asthmatic attack.

**Alternatives:** Alternatives to nitrous oxide sedation include local anesthesia, oral sedation, intramuscular sedation, and general anesthesia in the hospital. Local anesthesia and oral sedation with or without nitrous oxide, however, may not adequately dispel fear, anxiety, or stress. There may be less control or improper dosage with oral sedation than with IV sedation. Oral sedation does not provide a route for quick medication reversal. General anesthesia will cause me to lose consciousness and generally involves greater risk and expense than IV sedation. Generally, nitrous oxide sedation has no lingering effects.

**No warranty:** I hereby acknowledge that no guarantee or assurance has been given to me that the proposed treatment will be successful.

**I HAVE BEEN FULLY INFORMED OF THE SURGICAL PROCEDURE, BENEFITS, RISKS AND ASSOCIATED PROCEDURES. I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND HAVE HAD ADEQUATE TIME TO REVIEW THIS DOCUMENT. I WILL COMPLY WITH THIS DOCUMENT AND MY PERIODONTIST/STAFF HAS ANSWERED ALL MY QUESTIONS TO MY SATISFACTION.**

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor's Printed Name

\_\_\_\_\_  
Doctor Signature

\_\_\_\_\_  
Date

# Anesthesia Checklist

## MEDICAL HISTORY:

- ☐ Review of patient's medical history
- ☐ Review of patient's allergies;
- ☐ Review of patient's surgical and/or anesthesia history; and
- ☐ Review of patient medications and any modifications.
- ☐ **Confirmation that WRITTEN AND VERBAL PREOPERATIVE AND POSTOPERATIVE INSTRUCTIONS were given to the Patient, their Parent, Legal Guardian, or Care-giver**

**MEDICAL CONSULT(s)** ☐NO ☐YES Dr: \_\_\_\_\_ ☐ Sent \_\_\_\_\_ ☐ Received \_\_\_\_\_  
Med Cons Approved By: Dr. O'Dell Dr. Verrett Date: \_\_\_\_\_  
Modifications: \_\_\_\_\_

-----ANESTHESIA CHECKLIST DATE: -----

## MEDICAL HISTORY:

- ☐ REVIEW OF PATIENT'S MEDICAL HISTORY;
- ☐ REVIEW OF PATIENT'S ALLERGIES;
- ☐ REVIEW OF PATIENT'S SURGICAL AND/OR ANESTHESIA HISTORY; AND
- ☐ REVIEW OF PATIENT MEDICATIONS AND ANY MODIFICATIONS

## PHYSICAL EXAMINATION

- ☐ ASA TYPE: ☐TYPE I ☐TYPE II ☐TYPE III ☐TYPE IV
- ☐ AIRWAY ASSESSMENT ☐OSA ☐CPAP ☐SMOKER ☐ASTHMA ☐EDENTULOUS ☐FACIAL HAIR
- THYROMENTAL DISTANCE: \_\_\_\_\_
- ☐ MALLAMPATI SCORE: ☐CLASS I ☐CLASS II ☐CLASS III ☐CLASS IV
- ☐ HEAD/NECK MOVEMENT ☐WNL ☐LIMITED
- ☐ PREOP VITALS/AUSCULTATION METs: ☐ > 4
- ☐ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ BMI: \_\_\_\_\_

BMI classifications	
Under 18.5	Underweight
18.5 to 24.9	Healthy
25.0 to 29.9	Overweight
30.0 to 39.9	Obese

## ANESTHETIC CONSENTS AND INSTRUCTIONS

- ☐ Informed Consent ☐ Written & Verbal Preoperative Instructions ☐ Written & Verbal Post-Operative Instructions
- ☐ **ANESTHETIC PRE-PROCEDURE EQUIPMENT READINESS CHECK:** ☐ ALL FUNCTIONAL ☐ OTHER: \_\_\_\_\_
- ☐ **ANESTHETIC PRE-PROCEDURE TREATMENT REVIEW:**
- ☐ PATIENT VERIFIED ☐ PROCEDURE VERIFIED
- ☐ PEDIATRIC ☐ HIGH RISK

≤ 4 METs	-unable to walk ≥ 2 blocks on level ground without stopping due to symptoms - eating, dressing, toileting, walking indoors, light housework.	POOR
> 4 METs	-climbing ≥ 1 flight of stairs without stopping -walking up hill ≥ 1-2 blocks -scrubbing floors -moving furniture - golf, bowling, dancing or tennis -running short distance	MODERATE to EXCELLENT
performance of any one of the activities in the >4 category will qualify the patient for sedation, not the ability to do all **METs; an abbreviation for "metabolic equivalents" is a standardized measure of energy expenditure.		

Weight (lbs)	COMMON BMI CALCULATIONS					
	Height (feet, inches)					
	5'0"	5'3"	5'6"	5'9"	6'0"	6'3"
140	27	25	23	21	19	18
150	29	27	24	22	20	19
160	31	28	26	24	22	20
170	33	30	28	25	23	21
180	35	32	29	27	25	23
190	37	34	31	28	26	24
200	39	36	32	30	27	25
210	41	37	34	31	29	26
220	43	39	36	33	30	28
230	45	41	37	34	31	29
240	47	43	39	36	33	30
250	49	44	40	37	34	31