



## Pediatric Sedation Information and Consent

Dear Parent,

We have recommended for your child/ren's safety and comfort during dental procedures. Sedation can help increase cooperation and reduce anxiety and/or discomfort associated with dental treatment. Our sedation goal is light or conscious sedation, **not** to "put a child to sleep". Once the medication have been administered, it may take up to an hour before your child shows signs of sedation and ready for the dental treatment. Unlike general anesthesia, sedation is not intended to make a patient unconscious or unresponsive. Your child/ren will be responsive and awake at all times; they may fall asleep due to drowsiness. Some children may not experience relaxation but an opposite reaction such as agitation or crying. These also are common responses to the medicines and may prevent us from completing the dental procedures. The following are the medications we use in our office:

**Midazolam:** Sedative/ Hypnotic

**Demerol:** an analgesic and a sedative

**Hydroxyzine:** anti-anxiety, antihistamine, anti-nausea, & broncho dilator (also injectable as needed)

**Nitrous Oxide & Oxygen:** a relative analgesic for comfortable local anesthesia

**Lidocaine:** a local anesthesia

Though our sedative medications are considered safe and less harmful there is a slight possibility of an unusual reaction or sensitivity. Your child will be carefully monitored throughout the treatment with an oximeter, which monitors your child's pulse and oxygen levels. In addition to myself, my assistants are highly trained and CPR certified. The risk of having a reaction is very low, as our medications will be used in carefully titrated amount according to your child's weight. Your child may experience disorientation and prolonged drowsiness. Other effects might include, but not limited to, allergy, swelling, itching, seizure, stomach upset, irritability, vomiting, headache, and depressed breathing.

For a small number of children the desired sedation will not always be achieved. For these children our alternatives are to: 1.) proceed with treatment despite the child's protest, or 2.) schedule for treatment under IV anesthesia administered by a qualified dental anesthesiologist in our office, or 3.) suspend treatment, which could cause some risks to permanent teeth and associated soft tissue infection.

It is important for parents to accept this possibility before the appointment and understand that:

1. The premedication given is to help your child relax, feel comfortable, and have a more successful dental appointment.
2. Experiences have shown us children who were sedated usually become less Fearful, and turn out to be better patients in the future.
3. When indicated, children will have a restraint (Pediwrap) for their protection.

4. We follow hospital protocol for infection control, without patient observation by parents during dental procedure.
5. **Oral premedication is a controlled substance; the premedication fee is non refundable and non returnable.**

I have received a copy of pre-sedation/post-sedation instructions and understand the dental procedures required for the treatment of my child.

I have been informed about the use and the effects of the various sedative medications and the procedures used in this office in conjunction with the necessary dental treatment of my child. I hereby give Tracy Pediatric Dentistry my permission for treatment of my child utilizing sedation. I further understand that I can request additional consultation about any of the procedures used in this office.

Conscious sedation has been advised for the comfort and well being of your child during dental treatment. The sedation/management fee for each appointment is \$ \_\_\_\_\_. Since this requires our staff's undivided attention during your child's treatment, no other patient's treatment will be scheduled during that time period. Therefore, we must ask for the sedation fee to be paid in advance of treatment to secure your appointment time and secure your cooperation in following the pre-sedation instructions. If you do not arrive promptly for your appointment, fail to give 48 hours notice prior to canceling the appointment, fail the appointment completely or allow your child to eat or drink prior to the appointment, the total sedation/management fee will be applied as a broken appointment fee. Another sedation/management fee of \$ \_\_\_\_\_ will be due before making another appointment.

The proposed dental treatment plan for my child/ren \_\_\_\_\_ has been explained to me in detail. Practical alternatives have also been explained, including consequences of no treatment. I have read the above information and understand the benefits and risks of sedation. I have had the opportunity to ask questions to my satisfaction. I understand the treatment plan may change during treatment, and I give permission to Dr. Zee, Dr. Kim, and Dr. Dean to treat accordingly. If Dr. Zee, Dr. Kim, and Dr. Dean is not able to proceed with the treatment for any reason I understand I am responsible for the cost of the analgesia and conscious sedation. I understand that I can at any time request further consultation concerning the proposed dental treatment. I therefore give my permission to Dr. Andrew W. Zee, Dr. Savannah Kim, and Dr. Michelle Dean to perform the necessary dental treatment as presented to us.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_