

CAROLINA FAMILY HEALTH CENTERS, INC.

Carolina Family Dental Center • Freedom Hill Community Health Center • Harvest Family Health Center • Wilson Community Health Center

Informed Consent for Nitrous Oxide Administration

I give permission to Dr. _____ to perform nitrous oxide/oxygen conscious sedation. I understand the reasons why the treatment is recommended to me. I accept and understand that the use of Nitrous Oxide is not required to provide the necessary dental care. I accept and understand that Nitrous Oxide is commonly called laughing gas and provides relaxation, although I will be awake, fully conscious, aware of my surroundings, and able to respond rationally to inquiries and directions. I accept and understand that the purpose of Nitrous Oxide is to make dental care more comfortable for me to receive the necessary dental care with less pain and/or anxiety. I also accept and understand that the use of Nitrous Oxide has limitations and risks and absolute success cannot be guaranteed.

I accept and understand that Nitrous Oxide will be administered by way of the inhalation route.

I accept and understand that the alternatives to Nitrous Oxide are:

- a. *Local Anesthetic*. The necessary procedure is performed under local anesthetic (numbness) only.
- b. *Oral Conscious Sedation*. Sedation via pill form that will put the patient in a minimally depressed level of consciousness. This procedure is not offered by Carolina Family Dental Center.
- c. *Intravenous (IV) Sedation/General Anesthetic*: Commonly called deep sedation, a patient under general anesthetic has no awareness and must have his/her breathing temporarily supported. This procedure is not offered by Carolina Family Dental Center.

The use of Nitrous Oxide has been fully explained to me, including all risks involved. I have been fully informed that temporary complications may include, but are not exclusive of: tingling in the fingers, toes, cheeks, lips, tongue, head or neck area; heaviness in the thighs and/or legs, followed by a lighter floating feeling; resonance in the voice or presence of a hyper-nasal tone, warm feeling throughout the body, with flushed cheeks; fits of uncontrollable laughter or giddiness; detachment or disassociation from environment may occur; intense and uncomfortable warm and/or hot feeling throughout the body; lightweight or floating sensation with an accompanying "out of body" sensation; sluggishness in motion and slurring and/or repetition of words; feeling of nausea; vomiting; agitation; and/or hallucination. All of these complications are temporary.

I have had the opportunity to discuss the use of Nitrous Oxide in conjunction with my dental care and have had an opportunity to ask questions, and am fully satisfied with the answers I received. I accept and understand that I must follow all recommended instructions.

I have informed the doctor of my complete medical history including any recent surgeries or changes in my medical history involving lung, respiratory, nasal or ear infection, or common cold. I also accept and understand that I must notify the doctor of my present mental and physical condition.

I accept and understand that I must notify the doctor if I: (1) am pregnant, (2) have sensitivity to any medication, (3) have recently consumed alcohol, and/or (4) am presently on psychiatric mood altering drugs.

I hereby certify that I have read the above and fully understand this consent and the reasons for the nitrous oxide conscious sedation procedure and its associated risks. I am aware that the practice of dentistry is not an exact science. I acknowledge that every effort will be made on my behalf for a positive outcome from nitrous oxide/oxygen conscious sedation, but no guarantees have been made as to the result of the procedure authorized above. I accept, understand, and agree to follow the verbal and written pre-operative and post-operative instructions.

Patient or Legal Guardian's Name (printed)

Date

Patient or Legal Guardian's Signature

Witness' Signature

Date

Patient's Date of Birth

Dentist's Signature

Date

June 2019

DTL-128 Nitrous Oxide Conscious Sedation