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BACKGROUND INFORMATION

This form is designed to provide information regarding the use of oral sedation agents (triazolam, diazepam, lorazepam, diphenhydramine, and or hydroxyzine). We have tried to provide the following information about these agents in "plain English" and your cooperation and understanding of this material is necessary as we strive to achieve the best results for you. Oral sedation of the type produced by these agents has proven to be useful in controlling the fears of many dental patients. The properties of these agents have allowed many patients to receive dental treatment in a safe, relaxed state with a reduction in their level of fear and anxiety. However, your awareness and ability to respond will be decreased. Like all medications, though, there are limitations and risks (which will be discussed below), and absolute success of treatment with oral sedatives is variable and cannot be guaranteed.

I understand that conscious sedation has limitations and risks and absolute success cannot be guaranteed. I further understand that conscious sedation is a drug-induced state of reduced awareness and decreased ability to respond. My ability to respond normally will return when the effects of the sedatives wear off.

Initials _____

CANDIDATE FOR CONSCIOUS SEDATION

We endeavor to determine eligibility for treatment with oral sedatives through information gathered during our consultation and screening. While many individuals will qualify for treatment with oral sedatives, not all people are candidates for it. If the situation occurs, the doctor will discuss his/her findings with you, perhaps along with certain other possible treatments or options as appropriate.

Women who are pregnant, with likelihood to become pregnant or lactating, should not use oral sedatives (as it may cause fetal damage) nor should people with known sensitivity to the benzodiazepine class of medication. Also, patients should not consume alcohol while taking oral sedatives or increase the prescribed dosage. If you have been taking any psychiatric mood-altering drug, have a bowel obstruction, or any acute respiratory conditions such as cold, flu, or sinus infection, you may not be a good candidate for the use of oral sedation. Please notify the doctor if you have any of these conditions to discuss other options that may be available.

I understand that I must notify the doctor if I am pregnant, or if I am lactating. I must also notify the doctor if I have sensitivity to benzodiazepines, if I have recently consumed alcohol, and if I am on psychiatric mood-altering drugs or other medications.

Initials _____

YOUR PROTOCOL FOR THE ADMINISTRATION OF ORAL SEDATION

You will be given a dosage of medication to be taken the night before your dental visit to reduce your anxiety level and help you to sleep. This also gives you an opportunity to experience the effects of an oral sedative. Any negative reaction should be reported to your treating dentist prior to treatment the next morning. Another dosage of medication will be taken at a specific time prior to beginning your dental treatment. **SEE SEDATION APPOINTMENT CHECKLIST FOR NAME OF MED, SPECIFIC DOSAGE OF MED TO BE TAKEN THE NIGHT BEFORE, AND SPECIFIC DOSAGE OF MED TO BE TAKEN AT A SPECIFIC TIME PRIOR TO THE APPOINTMENT.**

You will not be allowed to drive to or from your appointment, and you must have someone pick you up, sign you out, and accompany you home following your treatment with oral sedation. This person must be 19 years or older. Due to possible amnesia effects, you should also arrange to have a trusted loved one with you in the 24 hours after your treatment.

I understand the prescribed protocol that will be used during my enteral conscious sedation. It is essential to have another person accompany me to my visit to provide for my transportation and care.

Initials _____

ALTERNATIVE OPTIONS

Please note that there are other sedation options available for your procedure, including nitrous oxide, which is a relaxation gas known as laughing gas. Other options include topical anesthetic, which is a numbing gel that can be placed in your mouth and give you more comfort, and intravenous sedation, which will provide the sedative through your blood system to achieve sedation. These and other methods can often be a valid alternative to enteral conscious sedation. Other alternatives are to have no treatment performed or no pain medications, or sedative agents used. If you have any questions regarding any treatment alternatives, please ask your treating dentist.

I understand and have been informed of my possible alternative options to enteral conscious sedation.

Initials _____

RISKS AND INCONVENIENCES

Virtually all forms of medication, including oral sedatives, have some risks and possible side effects. Pain medication or sedative agents can, among other things, alter your judgment and work performance, and you should plan accordingly. With oral sedation, you may experience relaxation or drowsiness, a reduced sense of fear or anxiety, increased tolerance to discomfort, an altered perception of time, tingling sensations, giddiness or lightheadedness, clumsiness, or unsteadiness, nausea, hallucinations, or dreams. Less common side effects include blurred vision, memory loss, or rebound insomnia. Rare side effects include agitation, behavior changes, convulsions, hypotension, skin rash, itching, sore throat, fever, chills, tiredness, increased heart rate, hyperactivity, or weakness. If you experience any unpleasant effects before or after your procedure, please inform the doctor or assistant as soon as possible. There is also a chance of an allergic reaction to the sedation medication that may include: itching, hives, swelling, or sweating. If you notice any of the symptoms described, you must contact your dentist or other medical professionals immediately.

I understand the risks and inconveniences that may result from enteral conscious sedation, and these have been thoroughly explained to me.

Initials _____

OTHER PATIENT RESPONSIBILITIES

You agree to keep your follow-up appointments and to follow recommended treatments as well as follow other precautions and recommendations that may be provided as part of your pre-op or post-operative instructions. You will not be able to drive or operate machinery while taking oral sedatives and for 24 hours afterward. Therefore, you will need to have arrangements for someone to drive to and from the dental appointment.

I understand that I must follow all the recommended treatments and instructions of my doctor. I also understand the possible effects that sedatives will have on me following conscious sedations.

Initials _____

PATIENT QUESTIONS

The patient has the right to be completely informed before giving their consent to a procedure. I understand that I have the right to question any portion of my treatment and to have a thorough and complete explanation to any question I may have from a qualified person.

Initials _____

UNFORESEEN CIRCUMSTANCES

I understand that unforeseen circumstances may arise that may necessitate a decision being made on my behalf. I have the right to designate the individual who will make such a decision, including the treating doctor.

Initials _____

PATIENT DESIGNATED DRIVER

A designated driver of at least 19 years of age must drive the patient to and from the appointment. A name and phone number for this person must be provided below. **You will not be allowed to leave unless you have a designated driver.**

Initials _____

CONSENT

I acknowledge that Dr. Randall Davis has explained to me in general terms about oral sedation, the alternatives, risks, and inconveniences. I am aware of the conditions that may preclude, and I do not fall into any of these conditions or categories. I have been given the opportunity to ask any questions and any such questions have been answered and explained to my satisfaction. I authorize Dr. Randall Davis to use his professional judgment to manage any conditions that might unexpectedly arise during the procedure. By signing below, I acknowledge that I have been given time to read and have read the preceding information. I understand this form and I consent to the administration of oral sedation.

Signature _____

Date _____

Relationship to patient _____

Designated Driver (Print) _____

Contact phone number _____

SEDATION APPOINTMENT CHECKLIST

Stick this handy checklist on your fridge!

- Smokers** – nicotine levels in your blood will affect your sedation experience.
 - **Less than ½ pack a day?** – refrain from smoking for 12 hours
 - **½ - full pack a day?** – refrain from smoking for 8 hours
 - **1 – 1 ½ packs a day?** – refrain from smoking for 4 hours
 - **More than 1 ½ packs a day?** – smoke right before arrival
- No alcohol or narcotic drugs** – we cannot safely sedate you if you have consumed alcohol, narcotics of any type (including Vicodin/hydrocodone, Tylenol with codeine, Percocet/oxycodone) or any street or recreational drugs.
- No caffeine for 12 hours** (coffee, iced tea, Mountain Dew, Pepsi, Cola, Diet Cola, etc.). Consuming caffeine will limit the level of your sedation
- Nothing to eat or drink after midnight.**
- The evening before your appointment take:** _____
- Leave all valuables, purse, wallet, and watches at home or with your companion.**
- No contact lenses.**
- Wear light-weight comfortable clothing, preferably with short sleeves.**
- Wear comfortable shoes and socks or bedroom slippers.**
- Remove fingernail polish on at least the thumb and forefinger of both hands.**
These items can prevent the monitoring of oxygen saturation in the blood.

It is absolutely essential that you have your designated driver bring you to your appointment. We will not be able to proceed with your appointment if you drive yourself, and this will result in a forfeiting of your paid fees.

Your designated driver will need instructions, so please ask your companion to speak with the dental team before dropping you off.

If you have any questions regarding these instructions, please feel free to contact our office at 732-303-0900.