

PIMA PEDIATRIC DENTISTRY
INFORMED CONSENT FOR ORAL CONSCIOUS SEDATION
(MINIMAL OR MODERATE SEDATION)

Name of Child: _____ Date: _____

ABOUT ORAL CONSCIOUS SEDATION (minimal or moderate sedation)

Because of your child's behavior, age, the extent of the proposed dental treatment, and/or the nature of the proposed dental treatment it has been determined that the proposed dental treatment should be done while utilizing oral conscious sedation. Oral conscious sedation involves the administration of an agent (drug) or combination of agents designed to cause an alteration or alterations in the level of the child patient's consciousness, cognition, motor coordination, degree of anxiety, and physiological parameters. The changes experienced by a patient will depend upon the drug used, the amount used and each patient's individual sensitivity to the agent(s) used. When using oral conscious sedation, we are attempting to reach one of the following levels of sedation; (1) minimal sedation or (2) moderate sedation. Minimal sedation is defined by the American Academy of Pediatric Dentistry as a drug-induced depression of consciousness during which patients respond purposefully to verbal commands. Moderate sedation is defined by the American Academy of Pediatric Dentistry as a drug-induced depression of consciousness during which patients respond purposefully to verbal commands either alone or accompanied by light tactile stimulation. Although we make every effort to keep patients in either a minimal or moderate stage of sedation, patients can move from one stage of sedation to another and can enter deeper stages of sedation including deep sedation and/or general anesthesia.

Oral conscious sedation is designed to relax your child and increase your child's cooperation thereby making the proposed dental treatment easier and more comfortable. The duration of the sedation varies from child to child but is approximately 45 minutes to 1 hour for the actual dental treatment followed by another 4-6 hours during which your child will sleep or be sleepy/drowsy. Oral conscious sedation is not always successful, in our office in approximately 10-15% of cases the oral conscious sedation does not work at all. In those cases we may be unable to complete the proposed treatment or, in some cases, any treatment, and general anesthesia may be recommended as an alternative. As with the administration of any medication, there are potential side effects to the use of oral conscious sedation (please see common risks below).

Indications for oral conscious sedation include but are not limited to:

1. preschool children requiring dental treatment who cannot understand or cooperate for definitive treatment;
2. patients requiring dental care who cannot cooperate due to lack of psychological or emotional maturity;
3. patients requiring dental care who cannot cooperate due to a cognitive, physical, or medical disability;
4. patients who require dental care but are fearful and anxious;
5. patients who require extensive dental care and require or would benefit from prolonged visits; or
6. patients who have failed treatment in other dental offices.

Oral conscious sedation is induced by a drug or combination of drugs. In our office we use the following medications to achieve the level of sedation we are seeking: Chloral Hydrate (Noctec); Vistaril (Hydroxyzine pamoate); Atarax (Hydroxyzine hydrochloride), or Versed (Midazolam). These medications may be given alone or in combination. They may also be mixed with Ibuprophen. They may also be

supplemented with Nitrous Oxide (laughing gas). We propose to use the following medications for your child:

During the dental treatment your child will be closely monitored at all times. S/he will never be left alone! S/he may be monitored with a pulse oximeter (measures oxygen saturation and heart rate), ECG (monitors heart function), capnograph (measures air exchange), blood pressure cuff, precordial stethoscope, and/or with visual and tactile stimuli. At least one staff member will be present with the doctor at all times during the treatment phase of the oral conscious sedation procedure. Generally, during the oral conscious sedation treatment procedure your child receives supplemental oxygen and may be gently wrapped in protective stabilization (also termed a papoose board) for his/her protection.

BENEFITS AND ALTERNATIVES TO THE USE OF ORAL CONSCIOUS SEDATION

Benefits include a reduction in anxiety/fear concerning dental care, the ability to receive dental services in an office environment, a reduction in cost when compared to receiving dental services in a hospital environment, minimal memory of the dental treatment, and the ability to accomplish more treatment in fewer visits. Alternatives to the use of oral conscious sedation are: 1) attempting the proposed treatment without the use of oral conscious sedation, or 2) putting your child to sleep (general anesthesia - either in the hospital or in an office setting) utilizing the services of a medical or dental anesthesiologist.

Each of the alternatives has benefits and risks. For example, attempting to treat your child without using oral conscious sedation may be an extremely unpleasant experience for your child (s/he may scream, cry and fight during treatment), it may create a lifetime fear of dentists and it may take more visits to complete the proposed treatment; therefore the doctor may refuse to treat your child unless oral conscious sedation is used. Putting your child to sleep exposes your child to the risks of anesthesia and will increase the cost of treatment, but will allow all treatment to be completed in one visit.

COMMON RISKS TO ORAL CONSCIOUS SEDATION

THE MOST COMMON RISKS ARE LISTED BELOW - THIS LIST IS NOT MEANT TO BE ALL INCLUSIVE AND YOUR CHILD COULD EXPERIENCE RISKS NOT LISTED:

1. Nausea or Vomiting - the medications may upset your child's stomach causing him/her to become nauseated or to vomit. This is more likely when Chloral Hydrate is used because it is considered to be a gastric (stomach) irritant. Normally these problems spontaneously resolve in a short period of time and no treatment or intervention is required.
2. Paroxysmal reaction to the medications - In approximately 10-15% of cases, instead of being sedated or relaxed the medication causes an increase in irritability or excitability in your child, manifested by movement, fidgeting, screaming, etc. Generally, once nitrous oxide (laughing gas) inhalation has begun this behavior will cease, but if it does not, treatment may need to be postponed.
3. In some cases your child could experience the following; hypotension (decreased blood pressure), hypertension (increased blood pressure), deep unarousable sleep, bradycardia (decreased heart rate), hypoventilation and/or respiratory depression (reduced breathing), airway obstruction, apnea (cessation of breathing for a time period), allergic reaction to the medications or death. These may require emergency medical attention.

CONSEQUENCES OF NOT PERFORMING THE SUGGESTED TREATMENT.

Utilizing oral conscious sedation during the proposed dental treatment is designed to relax your child so that the proposed dental treatment may be accomplished. Treatment may relieve any dental symptoms (i.e., pain/swelling) your child may have and/or prevent the advancement of the decay process. If no treatment is performed your child may experience symptoms including pain, infection, swelling, deterioration of the bone surrounding the teeth, changes to their bite, jaw discomfort, loss of space and possibly the premature loss of these and other teeth.

Every reasonable effort will be made to ensure that the oral conscious sedation procedure is completed safely and efficiently, although it is not possible to guarantee results. By signing below you acknowledge that you have received adequate information about the proposed treatment, alternatives to the proposed treatment, risks of the proposed treatment and that you understand this information and that all of your questions have been answered in full and to your complete satisfaction.

_____ I give my consent to the use of oral conscious sedation upon my child.

_____ I refuse to give my consent to the use of oral conscious sedation as described above. I have been informed of the potential consequences of my decision to refuse the use of the medication(s).

OFFICE POLICY IS THAT PARENTS/GUARDIANS MAY NOT ACCOMPANY CHILDREN TO THE TREATMENT ROOMS AND ARE NOT ALLOWED IN THE TREATMENT ROOMS WHILE TREATMENT IS BEING PERFORMED. PARENTAL/GUARDIAN PRESENCE DISTRACTS FROM PROVIDING OPTIMAL CARE.

Parent/Guardian's signature

Parent/Guardian's printed name

Date

Witness

Date