

SONORAN CENTER FOR PEDIATRIC DENTISTRY, P.C.

POST OPERATIVE INSTRUCTIONS/INFORMATION
FOR
CHILDREN RECEIVING ORAL CONSCIOUS SEDATION

1. Your child had his/her teeth treated while under oral conscious sedation. Teeth requiring treatment were repaired or extracted. Your child may not be his/her normal self today however; most children are back to themselves later the same day and can return to school on the next school day. As the sedation continues to wear off your child may be grumpy and/or uncomfortable due to the treatment he/she received. Your child may complain of soreness/pain in their mouth or nose; if needed, give them some Motrin or Advil (Ibuprophen), according to the manufacturer's directions.
2. Due to the sedation medications used your child may be drowsy and sleepy for up to 12 hours. Take your child home and allow him/her to rest. It is often helpful to make a bed on the floor and allow your child to rest there. Your child's reflexes may be slow for the rest of today, so do not leave him/her alone, place him/her in an area where you can monitor them constantly, especially his/her breathing.
3. Bleeding - if your child had extractions you may notice a small amount of bleeding/oozing from the extraction sites; this is a normal finding. Do not rinse your child's mouth or allow him/her to use a straw or sippy cup. Keep fingers and tongue away from the extractions sites. It is normal for the saliva to be streaked with blood for 1-2 hours. A drop of blood in a mouthful of saliva may look terrible but rarely is it of any concern.
4. Diet - start slowly and give your child small amounts of clear liquids first. Once you are sure your child is tolerating fluids, slowly progress to more substantial foods such as soups or applesauce. Avoid heavy, greasy, foods and milk products today; they have a tendency to promote vomiting.
5. Should your child develop a rash or should you have any questions relating to his/her treatment, please call 520-744-2663.

6. Special Instructions:

7. Please call to schedule the following:

- a. Post operative check: return to the office in _____ weeks
- b. Fabrication of space maintainer: maxillary/mandibular _____ weeks
- c. Preventive care visit: due _____

Discharge Date: _____ Discharged to whom: _____

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