



Eastman Periodontics and Implants, PLLC

Periodontics, Implants and Laser Surgery

Excellence you can trust for over 35 years

INFORMED CONSENT FOR CONSCIOUS SEDATION

- Nitrous Oxide** – Commonly known as “laughing gas” is the lightest form of conscious sedation. It is administered by breathing through a nasal mask and is very short acting and completely eliminated from the body just minutes after turning it, off thereby allowing the patient to leave the office on their own without the need for a driver.
- Oral Sedation** – Oral sedation is more effective than nitrous oxide and will make you drowsy with little to no memory of the appointment. You will still be awake and able to follow directions during the procedure. Halcion / Triazolam is the most common medication we use. The medication is taken 1 hour prior to the appointment and you will need a driver to bring you to the office and take you home.
- IV Sedation** – IV sedation is administered through an intravenous line (IV) that will put you in a safe, relaxed and comfortable state throughout your surgery. It is the most effective means of reducing awareness and anxiety for dental procedures. IV sedation does offer the highest level of in-office conscious sedation and comes with an increased cost.
- Anesthesiologist / Surgical Center** – The highest level of sedation can only be achieved with an anesthesiologist. We have the ability to bring an anesthesiologist to our office or to perform treatment at the Manatee Surgical Center, utilizing their facility and their anesthesia team. Both of these options have the highest additional cost, which is billed separately.

It is essential that you follow these instructions exactly as they have been given. Failure to follow these instructions could result in injury to you or to others. By signing these instructions, you agree that Dr. Eastman / Dr. Craighead / Dr. Christie Eastman Craighead will not be held responsible for any injury or loss you may suffer as a result of your failure to follow these instructions. If you have any doubt about your ability to follow these instructions exactly as written, please call the office and we will make other arrangements for your medication.

1. Please do not consume any alcohol, grapefruit juice or caffeine 12 hours prior to your appointment, as they interact with the Halcion/Versed. You may eat up until an hour before your appointment.
 2. Bring all medications with you the day of your scheduled appointment. Take all other normally prescribed medications, unless otherwise instructed by our office.
 3. Exactly one hour before your scheduled appointment, take the dosage of Halcion prescribed by our office. From that moment on:
 - a) No activities may be performed after taking the Halcion other than reading, writing, watching TV or any other non-physical activity while sitting down. **DO NOT DRIVE A VEHICLE.**
 - b) After taking the prescribed medications, you may feel any of the following symptoms: weak knees when standing up, light-headedness or dizziness, drowsiness, forgetfulness or impaired judgement. Please rest and take proper precautions.
 - c) Have another person help you to the car and drive you to our office.
- For Northwest Bradenton:** Please have your driver park the car in the “Reserved” parking space, or as close to it as possible. The driver should then come into the office and let the receptionist know that you have arrived. We will come to the car and assist you into the office.
 - For Lakewood Ranch:** Please have your driver pull the car up to the double doors and have them call 941-351-3000 to let the receptionist know you have arrived. Someone will then come down with a wheelchair to bring you upstairs.

4. **THE PROCESS OF I.V. CONSCIOUS SEDATION: I consent to the administration of having an I.V. if the effects of the oral sedation alone aren't as therapeutic as the Doctor needs or to my desire.** I have been informed that the objective of I.V. conscious sedation is to lessen the significant and undesirable side effects of long dental procedures by chemically reducing the fear, apprehension, emotional and physical (muscle fatigue) stresses sometimes present. This is accomplished by the administration of small incremental doses of various medications, so that they produce a state of relaxation, reduced perception of pain and degree of drowsiness, but that I will not be put to sleep as with a general anesthetic. In addition, local anesthetics will be administered in my mouth to numb the areas to be worked on, so as to control pain.
5. **POSSIBLE RISKS AND SIDE EFFECTS:** I have been informed and understand that occasionally there are complications associated with I.V. conscious sedation including, but not limited to: pain, Hematoma (bruising due to leakage of blood from the vein), Phlebitis (inflammation of the vein), infection, swelling, bleeding, numbness, discoloration, nausea, vomiting, allergic reaction, and in extremely rare instances, intra-arterial injection with damage to the part of the body supplied by the artery, brain damage, or death.
6. I will disclose to the doctor any and all drugs and medications I am currently taking.
7. I have disclosed any abnormalities in my current physical status or past medical history of drug or alcohol abuse or any abnormal reactions to any drugs/medications which I have taken.
8. I will arrange for a responsible adult to drive me to the office, back home, and for him/her to be with me until the effects of the sedation have worn off.
9. I will refrain from driving a motor vehicle or operating dangerous machinery for the remainder of the day in which I received the sedation.
10. **PAYMENT:** Payment for sedated patients must be taken care of in advance. Payment can be made by:
 - Pre-paying for your appointment at the time of scheduling it
 - Calling into the office with a credit card or Care Credit number prior to the appointment
 - Asking your driver to deliver the payment for you at the time of the appointment
 - Mailing a check to the office in advance of your appointment
 - Stopping by the office prior to the appointment
11. **PATIENT ENDORSEMENT:** My endorsement (signature) to this form indicates that I have read and fully understood the terms and words within this document and the explanations referred to or implied, and that after thorough deliberation, I give my consent for the performance of any and all procedures related to oral and I.V. conscious sedation as presented to me during consolation and treatment plan presentation by the doctor or as described in this document.

 PATIENT NAME (PRINT)

 Signature of patient or Legal Guardian

 Date

 Signature of Witness

 Date