



INFORMED CONSENT FOR CONSCIOUS SEDATION

Conscious sedation is designed to make you drowsy and relaxed with little to no memory of the procedure. It is available as an **oral medication** taken at home, administered by a nurse **utilizing an IV** in office, or both.

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.

1. Please do not consume any alcohol, grapefruit juice or caffeine 12 hours prior to your appointment, as they interact with the oral Halcion or IV Versed. You may eat up to 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. **Oral Sedation** This is a pill (called Halcion / Triazolam) that 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. The medication is taken 1 hour before the appointment. You will need a driver to bring you to the office and take you home.
 - a) Take the dosage of Halcion prescribed by our office **1 hour** before your scheduled appointment. Do not take the sedation while you are alone. After taking the sedation, the following applies:
 - b) 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.**
 - c) After taking the prescribed medication, 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. Do not try to walk around or be left alone until the sedation fully wears off.
 - d) Have another person help you to the car and drive you to our office.

4. **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.
 - a) **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 side effects of long dental procedures by reducing the physical and emotional stresses of surgery. This is accomplished by the administration of incremental doses of medication to produce a state of relaxation, reduced perception of pain, and degree of drowsiness. I understand that I will not "out" as with general anesthesia.
 - b) **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.

5. **Drop-off and Pick-up Instructions:** Please review these directions with your **driver** based on which office you are having your procedure at:
- Northwest Bradenton:** Please have your driver park in the “Reserved” parking space, or as close as possible. The driver should then call **941-792-3899** and let the receptionist know that you have arrived. Please stay in your car. We will come to the car and assist you into the office.
- Lakewood Ranch:** Please have your driver pull the car up to the double doors at the front of the building and have them call **941-351-3000** to let the receptionist know you have arrived. Please stay in your car. Someone will then come down with a wheelchair to bring you upstairs.
6. I will disclose to the doctor 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. **For your safety - do not take a taxi or use Uber!** We offer a safe, inexpensive shuttle service for sedated patients. Contact us for more information.
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. Please be informed that by providing conscious sedation, our practice must follow strict guidelines for compliance with our sedation permit and patient safety. As a result, there is a fee associated with this service of \$400 for oral sedation or \$900 for IV sedation. This fee covers comprehensive evaluation of your health history by our nurses, careful dosing considerations, monitoring of vital signs such as capnography, SpO2, respirations, pulse, ECG and adjustments in sedation as needed throughout your procedure.
12. **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 all procedures related to oral and/or I.V. conscious sedation as presented to me during consolation and treatment plan presentation by the doctor and/or their designated team member or as described in this document.

Signature of patient or Legal Guardian

Date

Signature of Witness

Date