

INFORMED CONSENT FOR NITROUS OXIDE/OXYGEN CONSCIOUS SEDATION

Nitrous Oxide Sedation is used to provide relaxation during dental procedures. I understand that I (or my dependent) will remain awake, fully conscious, aware of my surroundings, and able to respond rationally during the procedure. Nitrous oxide sedation is commonly used for anxiety, pain control, and to assist with gagging reflexes. Local anesthesia will also be used for most procedures. The nature and purpose of the sedation have been explained to me, and no guarantee has been made regarding the outcome or effectiveness. I have been provided satisfactory answers to all my questions and wish to proceed with the treatment.

I hereby give consent to the treating endodontist and staff to perform Nitrous Oxide/Oxygen Conscious Sedation (also known as laughing gas) as follows: Nasal inhalation of nitrous oxide/oxygen at a flow rate of 5-6 L/min, up to 40% nitrous oxide.

Treatment Alternatives

Alternative methods of treatment have been explained to me, such as: Oral sedation, Sleep sedation, No sedation but I wish to proceed with the Recommended Treatment described above.

Risks and Complications

I understand that there are risks and complications associated with the administration of medications, including anesthesia, and performance of the Recommended Treatment. These potential risks and complications, include, but are not limited to, the following:

- Nausea and vomiting: which can often be resolved by adjusting the nitrous level
- Temporary tingling in the fingers, toes, cheeks, lips, tongue and head or neck area.
- Temporary warm feeling throughout the body with accompanying flushing/blushing and sometimes perspiration.
- Temporary sluggishness in motion and/or speech or excessive talking.
- Shivering (usually at the end of the procedure).
- Driving is generally safe after nitrous oxide sedation, as the effects are temporary. However, you can remain at the office until you are feeling well and able to drive safely or make alternative arrangements for transportation if needed.

Patient Name: _____ Date: _____

Signature of Patient or Legal Guardian: _____