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Consent for Dental Treatment under Deep Sedation / General Anesthesia

Initial _____ The following is provided to inform patients, and/or parents of minor children of the choices and risks involved with having dental treatment under anesthesia. This information is not presented to make patients, parents, or legal guardians more apprehensive, but to enable them to be better informed concerning their treatment. There are basically four choices for anesthesia: local anesthesia, conscious sedation, general anesthesia, and/or no anesthesia. These can be safely administered in an office, surgery center, or hospital setting.

Initial _____ The most frequent side effects of any anesthesia are drowsiness, nausea/vomiting, and phlebitis. Most patients remain drowsy or sleepy following their surgery for the remainder of the day. As a result, coordination and judgment will be impaired for as long as 24 hours. It is recommended that adults refrain from activities such as driving, and children remain in the presence of a responsible adult during this period. Nausea and vomiting following anesthesia can occur in 15-30% of patients. Phlebitis is a raised, tender, hardened, inflammatory response at the intravenous site. The inflammation usually resolves with local application of warm moist heat; however tenderness and a hard lump may be present up to a year. Nerve damage from local anesthesia administration, although rare, may also be permanent.

Initial _____ I have been informed and understand that on rare occasions anesthesia related complications include, but are not limited to: pain, hematoma, numbness, infection, swelling, bleeding, discoloration, nausea, vomiting, allergic reaction, and pneumonia. I further acknowledge, understand and accept the extremely remote possibility that complications may require hospitalization, and/or result in brain damage, stroke, heart attack, or death. I have been made aware that the risks associated with local anesthesia, conscious sedation, and general anesthesia vary. Of the three choices of anesthesia, local anesthesia is usually considered to have the least risk, and general anesthesia the greatest risk.

Initial _____ **FEMALES**: I understand that anesthetics, medications, and drugs may be harmful to the unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility for informing Dr. _____ (Dentist) of the possibility of being pregnant or a confirmed pregnancy, with the understanding that this will necessitate the postponement of the anesthesia. For the same reason, I understand that I must inform the anesthesiologist if I am a nursing mother.

Initial _____ Since medications, drugs, anesthetics, and prescriptions may cause drowsiness and dis-coordination, I have been advised not to use alcohol or other drugs for 24 hours. Also, I have been advised not to make any major life decisions or operate any vehicle and/or hazardous device for at least 24 hours until fully recovered from the effects of the anesthetic, medications, and drugs that have been given to me or my child. I have been advised of the necessity of direct “one on-one” parental supervision of my child for twenty-four hours following their anesthesia. Since the patient’s memory will be impaired for 24 hours, someone other than the patient is expected to monitor and control all post operative medications.

Initial _____ I hereby authorize and request Dr. _____ (Anesthestist) to perform the anesthesia as previously explained to me, and any other procedure deemed necessary or advisable as a corollary to the planned anesthesia. I consent, authorize and request the administration of such anesthetic or anesthetics (local to general) by any route that is deemed suitable by the INFORMED CONSENT FOR ANESTHESIA anesthesiologist, who is an independent contractor and consultant. It is the understanding of the undersigned that the anesthesiologist will have full charge of the administration and maintenance of the anesthesia, and this is an independent function from the surgery/dentistry.

I understand that Dr. _____ (Anesthestist) has no responsibility for the dental treatment to be performed, the diagnosis, or the treatment planning involved. Dr. _____ (Anesthestist)’s sole attention and responsibility will be to render the optimal and safest anesthetic. Furthermore, it is understood that the dentist anesthesiologist assumes no liability from the surgery/dentistry performed while under anesthesia and that the dentist assumes no liability for the anesthesia.

Initial _____ I acknowledge the pre-operative fasting regulation and attest that they were followed. The patient has had nothing by mouth for at least eight (8) hours immediately prior to the appointment, with the exception of clear liquids, which may be taken up to two (2) hours prior to the appointment.

Initial _____ I have been fully advised and completely understand the alternatives to conscious sedation and general anesthesia. I accept the possible risks, side effects, complications and consequences of anesthesia. I acknowledge the receipt of and understand both the preoperative and post- operative anesthesia instructions. It has been explained to me and I understand that there is no warranty and no guarantee as to any result and or cure. I have had the opportunity to ask questions about my or my child's anesthesia, and I am satisfied with the information provided to me. It is also understood that the anesthesia services are completely independent from the operating dentist's procedure.

Initial _____ I authorize Greenwoods Dental & Surgical Centres to release my information to associated parties, medical physicians, and insurance companies; in order to provide and bill for the best possible anesthetic experience. I have read and understand the consent for anesthesia. I have had the opportunity to have all my questions answered regarding the risks, benefits and alternatives of anesthesia.

Patient Name: _____ Date: _____

Parent/Guardian's Name: _____ Relationship to Patient: _____

Signature: _____ Witness: _____
(Consent to be signed by patient, parent or legal guardian)