

Oral Conscious Sedation (Anxiolysis) Informed Consent

The purpose of this document is to provide an opportunity for our patients to understand and give permission for oral conscious sedation when provided along with dental treatment. Each item should be initialed by the patient after the patient has the opportunity for discussion and questions.

The medications we use are typically either Triazolam (Halcion), Lorazepam (Ativan), Diazepam (Valium), or Midazolam (Versed).

- ____1. I understand that the purpose of conscious sedation is to more comfortably receive necessary dental care. Conscious sedation is not required to provide necessary dental care. I understand that conscious sedation has limitations and risks, and absolute success cannot be guaranteed.
- ____2. I understand that oral conscious sedation is a drug-induced state of reduced awareness and decreased ability to respond. Conscious sedation is not sleep. I will be able to respond during the procedure. My ability to respond normally returns when the effects of the sedative wear off.
- ____3. I understand that my conscious sedation will be achieved by the following route:
- ____ Oral Administration: I will take a pill approximately ____ minutes before my appointment. The sedation will last approximately ____ to ____ hours.
- ____4. I understand that the alternatives to conscious sedation are:
- a. No sedation: The necessary procedure is performed under local anesthetic with the patient fully aware.
 - b. Anxiolysis: Taking a pill to reduce fear and anxiety.
 - c. Nitrous oxide sedation: Commonly called laughing gas, nitrous oxide provides relaxation, but the patient is still generally aware of surrounding activities. Its effects can be reversed in five minutes with oxygen.
 - d. Intravenous Administration: The doctor could inject the sedative via a vein in my arm.
 - e. General Anesthetic: Commonly called deep sedation, a patient under general anesthetic has no awareness and must have their breathing temporarily supported.
- ____5. I understand that there are risks or limitations to all procedures. For oral sedation these include:
- ____ Inadequate oral sedation with initial dosage may require the patient to undergo the procedure without full sedation or delay the procedure for another time. Smoking increases this risk.
- ____ Atypical reaction to sedative drugs, which may require emergency medical attention and/or hospitalization include pain, nausea, vomiting, light headedness,

headache, amnesia, allergic reactions, and visual disturbances, or more adverse complications such as respiratory depression, which can be fatal.

____ Inability to discuss options with the doctor should circumstances require a change in the treatment plan.

- ____6. If, during the procedure, a change in treatment is required, I understand that the treatment will be stopped until I have the capacity to give my informed consent to the change. I understand that I have the right to designate another individual to make a treatment change decision for me.
- ____7. I have had the opportunity to discuss oral conscious sedation and have my questions answered by the dentist. I also understand that I must follow all the pre- and post-operative instructions of my dentist.
- ____8. I understand that it is critically important that I fully discuss my complete medical history with the dentist before sedative medications are administered, especially any medications I am taking, including any antihistamines or medications for liver or kidney disease.
- ____9. I understand that I must notify the doctor if I am pregnant, or if I am lactating. I must notify the doctor if I have sensitivity to any medications, if I have recently consumed alcohol, smoked/consumed marijuana, or if I am presently on psychiatric mood-altering drugs and medications.
- ____10. I understand I will not be able to drive or operate machinery after taking oral sedatives for 24 hours after my procedure. I understand I will need to arrange for someone to drive me to and from my dental appointment while taking oral sedatives.
- ____11. I hereby consent to oral conscious sedation in conjunction with my dental care.

Patient: _____ Signature: _____ Date: _____

Witness: _____ Signature: _____ Date: _____