

Informed Consent for Nitrous Oxide

I. Recommended Treatment

I hereby give consent to Dr. _____ to perform Nitrous Oxide sedation (“minimal sedation”) procedure(s) on me or my dependent (“Recommended Treatment”). Nitrous Oxide sedation is commonly called laughing gas and provides relaxation. It is an elective procedure. I understand that I (or my dependent) will be awake, fully conscious, aware of my surroundings, and able to respond rationally to questions and directions during the Recommended Treatment. The Recommended Treatment is used for anxiety and pain control, as well as control of gagging. Local anesthesia will also be required for most procedures. The nature and purpose of the Recommended Treatment have been explained to me, and no guarantee has been made or implied as to result or effectiveness. I have been given satisfactory answers to all my questions, and I wish to proceed with the Recommended Treatment.

II. Treatment Alternatives

Alternative methods of treatment have been explained to me, such as no sedation, local anesthetics only, oral conscious sedation (“moderate sedation”) and other deeper levels of sedation, and distraction techniques. I wish to proceed with the Recommended Treatment.

III. 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:

1. Nausea and vomiting. This is the most frequent of the side effects of nitrous oxide sedation, but its frequency is still quite low. It is important to tell the doctor, hygienist, or assistant that you are experiencing some discomfort. The level of nitrous oxide can be adjusted to try and eliminate this side effect.
2. Temporary tingling in the fingers, toes, cheeks, lips, tongue, and head or neck area.
3. Temporary warm feeling throughout the body with accompanying sweating/flushing/blushing.
4. Temporary detachment or “out of body” sensation.
5. Temporary sluggishness in motion and/or speech.
6. Shivering (usually at the end of the procedure).

7. Behavior changes, such as vivid dreams or thoughts, drowsiness, or spontaneous laughter.
8. As a result of the injection or use of local anesthesia, there may be swelling, jaw muscle tenderness or even resultant numbness of the tongue, lips, teeth, jaws and/or facial tissues, which is typically temporary, but in rare instances, may be permanent.

IV. Patient Duties

1. I have informed the doctor of my complete medical history including any recent surgeries or changes in my medical history
2. I accept and understand that I must notify the doctor if I: (1) am pregnant, (2) have sensitivity to any medication, (3) have recently consumed alcohol, (4) am undergoing cancer treatment with bleomycin sulfate, (5) have been diagnosed with methylenetetrahydrofolate reductase deficiency (MTHFR), (6) have had a recent nasal, sinus, or lung problem, and/or (6) am presently on mood altering drugs or other medications (e.g., marijuana, Valium, etc.).
3. I understand that if I do not feel capable of driving a motor vehicle after nitrous oxide sedation, I will inform the dental practice so that I can remain on premises until I feel better or I arrange other transportation.

Patient Signature:

Date:

Parent/Guardian:

Relationship (if patient a minor):