

**DIAGNOSIS.** I have been informed that my treatment can be performed with a variety of different anesthetic options. These include local anesthesia, nitrous oxide analgesia, oral sedation, IV conscious sedation, or general anesthesia in the hospital or outpatient ambulatory surgical center. My dentist has recommended IV deep sedation in addition to other possible forms of anesthesia because wisdom teeth removal can be a very uncomfortable procedure, even with profound local anesthesia. With the aid of deep sedation, the procedure can be completed more efficiently with no memory of the procedure, thus significantly reducing pre-op anxiety and emotional stress related to my wisdom teeth extraction.

**RECOMMENDED TREATMENT.** I understand that in IV deep sedation, small doses of various medications, as well as a continuous infusion of propofol, will be administered by a Certified Registered Nurse Anesthetist (CRNA) to produce a state of sleep where I will maintain my own airway, dissociate my ability to perceive pain, and temporarily alter my awareness. In addition, after I fall asleep, the dentist will administer local anesthetic to numb the areas of my mouth to be operated, thus further controlling pain. I understand that the drugs to be used will include propofol, ketamine, versed, atropine, and decadron; but may also include fentanyl, demerol, glycopyrrolate, and ketorolac.

I also understand that this is NOT general anesthesia, I will be breathing on my own throughout the procedure with extra oxygen through a cannula in my nose. However, in some rare cases, a soft rubber nasal airway is placed to improve airway movement during the sedation, but this is removed prior to waking up.

**I recognize that I must do several things in connection with IV deep sedation. Specifically, I must:**

- Refrain from eating and drinking for eight (8) hours before my appointment.
- Not wear necklaces, earrings, fingernail polish, perfumes, colognes or aftershaves.
- Wear warm comfortable clothes with a short sleeve shirt / blouse.

**EXPECTED BENEFITS.** The purpose of IV deep sedation is to lessen the significant and undesirable side effects of a stressful dental procedures such as wisdom teeth removal by chemically reducing or eliminating the fear, apprehension, and stresses associated with wisdom tooth removal and allow the me to sleep through it with no memory of the procedure.

**PRINCIPAL RISKS AND COMPLICATIONS.** I understand that occasionally complications may be associated with IV deep sedation. These include inflammation of a vein (phlebitis), infection at the IV site, nausea, vomiting, allergic reaction, and on a rare occasion depressed breathing.

To help minimize risks and complications, I have disclosed to my dentist and CRNA any and all medications, herbals, and recreational drugs that I am taking. I have also disclosed any abnormalities in my current physical status or past medical history. This includes any history of drug or alcohol abuse, any unusual reactions to medications or anesthetics, any bleeding disorders, and any metabolic disorders for which I am being treated.

**ALTERNATIVES TO SUGGESTED TREATMENT.** Alternatives to IV deep sedation include local anesthesia, oral sedation, intramuscular sedation, and general anesthesia in the hospital or an ambulatory surgery center – either as an inpatient or as an outpatient. Local anesthesia and oral sedation may however not adequately dispel my fear, anxiety, or stress. If certain medical conditions are present, it may present a greater risk. There is less control of proper dosage with oral sedation than with IV sedation. General anesthesia will cause me to lose consciousness and generally involves greater risk than IV deep sedation.

**NECESSARY FOLLOW-UP CARE AND SELF-CARE.** I understand that I must refrain from drinking alcoholic beverages and taking certain medications for a twenty-four (24) hour period following the administration of IV deep sedation. I also understand that a responsible adult needs to drive me home and remain with me until the effects of the sedation have worn off. I should not drive or operate dangerous machinery for the remainder of the day on which I receive sedation.

**NO WARRANTY OR GUARANTEE.** I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed treatment will be successful. I recognize that, as noted above, there are risks and potential complications in the administration of IV deep sedation.



## PATIENT CONSENT

I have been fully informed of the nature of IV deep sedation, the procedure to be utilized, the risks and benefits of this form of sedation, the alternatives available, and the necessity for follow-up. I have had an opportunity to ask any questions I may have in connection with the procedure, and to discuss my concerns with my dentist. After thorough deliberation, I hereby consent to the performance of IV deep sedation as presented to me during consultation and in the treatment plan presentation as described in this document.

**I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT.**

Date: \_\_\_\_\_

\_\_\_\_\_  
(Printed Name of Patient, Parent or Guardian)

\_\_\_\_\_  
(Printed Name of Witness)

\_\_\_\_\_  
(Signature of Patient, Parent or Guardian)

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(Signature of Witness)