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CONSENT FOR INTRAVENOUS SEDATION

Intravenous sedation (“IV sedation”) is accomplished by the administration of medication by injection through an IV access that results in sedation and relaxation during treatment. Typically the effects of IV sedation are described as being “sleepy” or “relaxed” during treatment. Nitrous oxide/oxygen gas (“laughing gas”) can be administered at the beginning of the procedure prior to administration of IV medications.

Such medications generally have the effect of causing temporary drowsiness, amnesia, and decreased awareness of the events during administration of the medication and during treatment and/or surgery.

As with any medication, there are potential risks, side effects, and complications that might be experienced by the patient. Be sure to inform the doctor of any drug allergies and past adverse reactions to any medications.

The doctor and treatment team are trained in the use of anesthesia and management of complications. The patient’s condition during anesthesia will be monitored by the doctor, staff, and by mechanical and electronic methods.

_____ Although uncommon, nausea following sedation can occur.

_____ There may be irritation, swelling, inflammation and/or bruising, damage or injury to the vein of the hand or arm through which IV medications are injected.

_____ Rare complications include nerve or blood vessel injury (phlebitis) in the arm or hand, allergic or unexpected drug reactions, pneumonia, heart attack, stroke, brain damage, and/or death.

_____ If you are going to have IV sedation, it is mandatory to have a companion to take you home after surgery. You will not be allowed to go home alone, unaccompanied. Your case will be canceled if your ride is not available.

_____ IF I AM TO HAVE IV ANESTHESIA, I UNDERSTAND THAT I AM TO HAVE NO FOOD OR DRINK FOR EIGHT (8) HOURS BEFORE MY APPOINTMENT. NOT FOLLOWING THESE INSTRUCTIONS MAY BE LIFE THREATENING. I REALIZE MY SURGERY WILL BE POSTPONED IF I FAIL TO FOLLOW THE PRE-SURGERY INSTRUCTIONS.

IT IS VERY IMPORTANT THAT YOU SHOULD DISCUSS WITH YOUR DOCTOR ALL MEDICATIONS YOU ARE CURRENTLY TAKING, SINCE THEY MAY AFFECT THE MEDICATIONS GIVEN TO YOU FOR YOUR IV ANESTHESIA.

After the end of treatment, there will be a period of “recovery” during which one may experience some residual unsteadiness, dizziness and occasionally nausea. You will be

allowed to rest after the administration of anesthesia is terminated and discharged when safe to do so.

Due to the potential of some minor residual effects of the anesthetic medication, patients must not operate a motor vehicle or any heavy or dangerous equipment or machines for 24 hours. In addition, you should not consume any alcoholic beverages or sedative medications for 24 hours without first advising the doctor who performed the treatment or surgery.

I have had an opportunity to discuss the risks, benefits and alternatives of the type of planned anesthesia. Having been informed of the foregoing, I hereby consent to the proposed anesthesia.

Patient's (or legal guardian's) name and signature

Date

Doctor's signature

Date

Witness signature

Date