

INSTRUCTIONS FOR PEDIATRIC SEDATION

**IT IS EXTREMELY IMPORTANT FOR YOUR CHILD'S SAFETY THAT YOU FOLLOW THESE INSTRUCTIONS FULLY.
FAILURE TO DO SO COULD RESULT IN SERIOUS COMPLICATIONS.**

CHANGE IN HEALTH: Please advise us of any change in the child's health. Fever, ear infection, nasal or chest congestion, recent head trauma or a restricted airway could place your child at increased risk for complications, including but not limited to nausea, vomiting, respiratory depression, and/or death. Call to see if it is necessary to postpone the procedure.

*****WE WILL NOT PROCEED WITH THE SEDATION IF YOU DO NOT COMPLY WITH THE FOLLOWING REQUIREMENTS*****

**FASTING & LIQUID
RESTRICTIONS
BEFORE SEDATION:**

To Decrease the risk of vomiting and aspiration complications:

- For Nitrous Oxide-Oxygen Sedation:** Nothing to eat or drink for 2 hours before time of appointment.
- For Oral Sedation with Nitrous Oxide-Oxygen Sedation:** No solid foods for **6 hours** before time of appointment. *(Clear liquids in small amounts may be taken up to 2 hours before time of appointment.)*

**APPOINTMENT
ARRIVAL:**

Arrive 15 minutes before your appointment time so your child may use the restroom.

ONLY ONE ADULT IS ALLOWED in the treatment room and must remain with the child until treatment is completed. NO SIBLINGS may be present during treatment.

MEDICATIONS:

Your doctor will advise if you are to give those medications which are given routinely (e.g. seizure medications). Do not give any other medication without checking with your doctor.

*Check medication
below to be used:*

TO HELP YOU UNDERSTAND THE SEDATION PROCEDURE, HERE ARE SOME IMPORTANT POINTS:

NITROUS
OXIDE-
OXYGEN

Also known as "happy air". Nitrous oxide & oxygen are given alone or with oral medication to increase sedation effects and reduce gagging. 100% oxygen is given to flush all nitrous oxide from the patient's system prior to discharge. Please remove nail polish as it interferes with pulse oximeter sensor readings.

VALIUM

A mild sedative that relaxes the patient prior to the appointment.

ATIVAN

A mild sedative that relaxes the patient prior to the appointment.

HALCION

A pre-operative medication that provides relief of anxiety and sedation used in older children and adults.

VERSED

A medication that reduces anxiety and produces partial amnesia for patients undergoing more extensive treatment. Residual effects include impaired motor function. Patients must be able to walk in order to be discharged.

SPECIAL NOTE

Separate written permission is required for passive patient stabilization (Papoose, Pedi-Wrap)

GETTING HOME:

TWO ADULTS ARE ADVISED. ONE ADULT SHOULD OBSERVE BREATHING AND BE PREPARED TO PREVENT POST OPERATIVE COMPLICATIONS WHILE THE PATIENT IS STILL NUMB FROM LOCAL ANESTHESIA. The doctor and staff will evaluate your child's status before being discharged home.

**DRINKING OR
EATING AFTER
APPOINTMENT:**

There are usually no restrictions when local anesthesia (numbing medicine) is not used. When local anesthesia is used, carefully watch the patient for scratching, biting, sucking, and chewing the numb lip, cheek, chin, tongue until the numbing is gone. Give liquids in small amounts and allow soft food gradually.

ACTIVITIES:

Closely supervise until fully recovered from sedation. Do not allow your child to return to school. Restrict any activity for the remainder of the day.

**TEMPERATURE
ELEVATION:**

A child's temperature may elevate to 100.5°F for the first 24 hours after the appointment. Dehydration may cause a slight increase in temperature; give clear fluids and acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) according to your child's age/weight. Call us if you are concerned or;

301-829-6588

- If vomiting persists beyond 4 hours or if temperature goes over 100.5°F or fever persists.
- If there are any questions or concerns you might have.
- If your child has difficulty breathing or becomes unresponsive CALL 911 IMMEDIATELY.

**PLEASE REMEMBER TO KEEP YOUR APPOINTMENT TIME. LATE APPOINTMENTS MAY NEED TO BE RESCHEDULED.
BROKEN APPOINTMENTS WILL BE CHARGED A FEE WHICH MUST BE PAID BEFORE ANOTHER APPOINTMENT IS SCHEDULED.**

I HAVE READ AND AGREE TO COMPLY WITH THE INSTRUCTIONS ABOVE.

Child's Name

Parent/Guardian Signature

Date

Witness

Dentist

Date