

CONSENT FOR TO ADMINISTER SEDATION FOR DENTAL TREATMENT

Some children cannot receive dental treatment in the usual manner due to their young age, fear, inability to cooperate, or involvement of the procedures. Options for these children include the following: (1) delaying treatment until the child is more cooperative, (2) restraining the child to accomplish whatever urgent care is required, (3) sedating the child to a level at which dental care can be provided comfortably, or (4) giving the child a general anesthetic in the hospital or surgery center. These possible treatment options all include various advantages, disadvantages, and risks. Delaying treatment may allow dental disease to progress to an emergency situation, including abscess formation, infection, pain, fever, and risk to the developing permanent teeth, or contribute to a long term dental problem. Restraining a child may increase fear of dental treatment, and general anesthesia may adversely affect some children, not to mention its risks.

Factors considered when administering sedative drugs include medical history, previous reaction to drugs, age, weight, behavior of the child, and treatment to be accomplished. Despite such considerations, the child's reaction to sedative drugs varies from little effect to profound sedation. Unfavorable reactions to sedative drugs include, but are not limited to nausea, vomiting, dizziness, breathing problems, allergic reactions, coma, and death. In addition to the sedative medication(s), nitrous oxide and oxygen may be used to supplement the sedation and deliver oxygen. Risks and complications with nitrous oxide are rare, and its effects are completely gone five minutes after it is stopped. The most common complications are nausea and vomiting.

Proper and acceptable measures will be taken to optimize your child's safety and to achieve quality pediatric dentistry; however, you are given no guarantees or assurances of any sort as to the results that may be obtained. These safety measures may include use of a pedi-wrap to prevent unexpected movement and provide your child a secure environment. Additionally, local anesthesia for pain control will be used. The risks involved for local anesthesia are as stated for sedative medications.

I certify that I have read and understand the above information and have had any and all questions concerning the procedures, material risks, and complications answered to my satisfaction. With the signing of this statement, I give a knowing and voluntary informed consent to administer conscious sedation to my child.

_____	_____
Child's name	Date of Birth
_____	_____
Signature of legal guardian	Date
_____	_____
Signature of witness	Date
_____	_____
Signature of doctor	Date