

Asheville Periodontics

Informed Consent for the Administration of Intravenous Conscious Sedation and Oral Sedation

I _____, acknowledge that Dr. Goggin has explained that I will have dental procedures performed with the use of oral conscious sedation, and, or intravenous conscious sedation.

Procedural risks, benefits and complications have been explained to me verbally. I understand that oral conscious sedation and/or intravenous sedation will be administered in order to accomplish the necessary dental procedure/surgery. It has been explained to me that all forms of sedation involve some risk. Complications may include, but are not limited to the following: infection, bleeding, drug reactions, injury to blood vessels, and loss of sensation, stroke, brain damage, heart attack, or death.

I understand that if I eat, drink or take any medications prior to surgery, except when I have been advised by Dr. Goggin, that my dental procedure may be cancelled and I will be charged for a sedation visit.

I understand that I need to have an adult take me home after my appointment and stay with me the rest of the day and that I should not drive a car, or do anything that requires coordination or judgment including looking after children, cooking, making financial decisions, working power tools or other sharp tools, even climbing stairs, etc. I can have no alcohol, tranquilizers, or other sedatives on the day of treatment either before or after the treatment.

I hereby consent to the administration of intravenous conscious sedation, and, or oral conscious sedation either by Dr. Goggin or under the direct supervision of Dr. Goggin.

Procedural risks, alternatives and expected benefits have been explained to me in layman terms, and I have had all questions answered. I accept all conditions associated with intravenous and oral sedation therapy.

Please remember that both oral and IV forms are moderate conscious sedation. You will be able to breathe on your own and respond to commands. Sedation has different effects on everyone. You will not be under general anesthesia such as used in the hospital for surgical procedures.

Patient Signature: _____ Date _____

Witness: _____ Date _____

Doctor: _____ Date _____

Checklist for Oral or IV Conscious Sedation

Patients Name _____

Date _____

_____ Medical History Done

_____ Patient Current Meds are up to date and Lexi-Comp completed

_____ Vital signs are completed

BP _____ P _____ SaO2 _____

_____ Indicate ASA Classification of Patient

ASA1 _____ ASA2 _____ ASA3 _____ ASA4 _____ ASA5 _____

_____ Is Medical Consultation Needed

Sent on _____

Received on _____

Results of Consultation

_____ Patient can have procedures done in the dental office

_____ Patient needs to be treated in a hospital setting

_____ Patient referred to a specialist

Date set for procedure _____

Sedation Concerns

Patient Name: _____

1. Does the patient smoke? No Yes How much? _____

2. Does the patient drink caffeine? No Some A lot

3. Is the patient taking oral contraceptives? No Yes

4. Is the patient taking anti-depressants? No Yes

5. Does the patient have seizures? No Yes Few Some A lot

6. Is the patient on anti-coagulants? (Coumadin, Heparin, Aspirin...etc)

7. Does the patient drink alcohol? No Yes Daily Weekly Seldom A lot

8. Any Changes to current medications? No Yes, if yes please list:

9. Does the patient take any herbs or supplements? No Yes

10. Has the patient had any negative/poor response to sedation previously? No Yes

11. Does the patient have glaucoma? No Yes

12. Has the patient had an organ transplant? No Yes

13. Is the patient a diabetic? No Yes

14. Is the patient currently breast feeding? No Yes

15. Has the patient ever been diagnosed with sleep apnea or COPD? No Yes

16. Has the patient been diagnosed with restless leg syndrome? No Yes

17. Does the patient have a history of illicit drug use? No Yes

18. What is the patient's malampatti class _____

Patient Signature: _____ Date: _____

Assistant Signature: _____ Date: _____

Doctor Signature: _____ Date: _____

ASHEVILLE PERIODONTICS

Susanna M. Goggin, D.M.D. P.A.

602 Alliance Court • Asheville, NC 28806 • 828.665.4405 • www.ashevilleperiodontics.com

Pre-Sedation Instructions

- 1) Arrangements must be made for a responsible adult (care giver) to drive the patient to the office, **stay for the duration of the appointment**, and drive the patient home after Oral/IV sedation. **The patient may not be “dropped off”. If the care giver is not present, the appointment will be re-scheduled.**
- 2) The patient should have nothing to eat or drink for 8 hours prior to the procedure.
- 3) Wear loose-fitting garments and a shirt/blouse with short sleeves
- 4) The patient should arrive at the office 15 minutes before the scheduled appointment.
- 5) Should the patient develop a cold, flu, sore throat, or any other illness, the appointment should be rescheduled to a time when the patient is more physically fit.
- 6) If there are medications to be taken as part of the sedation treatment, they will be prescribed and the name of the drug, dosage and instructions will be given to the patient.
- 7) The patient should continue to take his or her usual medication as prescribed for other conditions only after consultation with Dr. Goggin. Some medications may need to be cut back or taken with minimal water if there is a morning or pre-sedation dose.
- 8) Patient should remove nail polish acrylic from at least one finger for the monitoring device.
- 9) Please remove contacts and wear glasses if necessary.
- 10) Please remember that both oral and IV forms are moderate conscious sedation. You will be able to breathe on your own and respond to commands. Sedation has different effects on everyone. You will not be under general anesthesia such as used in the hospital for surgical procedures.

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Post-Sedation Instructions

- 1) Go home and rest for the remainder of the day
- 2) Do NOT perform any strenuous activity. You should remain in the company of a responsible adult until you are fully alert.
- 3) Do NOT attempt to eat a heavy meal immediately. If you are hungry, a light diet (liquids or soft foods) will be more adequate.
- 4) A feeling of nausea may occasionally develop after IV or Oral Sedation. The following may help you feel better:
 - a. Lying down for a while
 - b. A glass of cola beverage (or Ginger Ale)
 - c. If nausea persists for more than 4 hours call Dr. Goggin
- 5) Do NOT drive a car or perform any hazardous tasks for the remainder of the day.
- 6) Do NOT drink any alcoholic beverages or self medicate for the remainder of the day.
- 7) If you were given medication, take only as directed.
- 8) If you have any unusual problems or questions you may call Dr. Goggin's office 828-665-4405, if it is after hours please call 828-423-0146.

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Sedation Caregiver Information Sheet

_____ will be my caregiver after my sedation procedure is complete.
I will be recovering at my home/Caregiver's home (circle one). The phone number we can be reached at is () _____.

Sedation Caregiver Instructions:

- 1) Caregiver must drive the patient to and from the office; patient will be medicated and not able to drive.
- 2) Caregiver must hang onto patient's arm and not leave unattended after taking medications at home prior to coming to the office.
- 3) Caregiver must stay on dental premises until the patient is discharged.
- 4) Caregiver may want to bring snack and/or beverage to have during stay.
- 5) Caregiver must be 18 years or older.

If, during the procedure a decision or treatment change needs to be made, my caregiver _____ has my permission to authorize changes and to make decisions on my behalf.

Patient Signature

Date

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To the Caregiver:

Thank you for taking care of our special patient. Your caregiver responsibilities begin by bringing our patient to the office at 602 Alliance Court. Under no circumstances is the patient allowed to drive themselves, as they have started medications.

We have a comfortable waiting area in our office, where you can read, nap and relax while our patient is receiving treatment. You are required to stay on the premises the entire duration of the procedure. You are more than welcome to bring a headset to listen to, material to read, laptop, snacks and drinks.

After the procedure, an assistant will review the caregiver instructions with you. The patient may have effects from the sedation for up to 24 hours, so they cannot be left alone during that time. The doctor will call and check on your patient sometime in the evening. If you are not going to be at the patient's home, please give the assistant the phone number of the location where the patient will be the evening of the sedation.

Again, thank you for caring for our patient.