



Kidsworld Pediatric Dentistry

CONSENT FOR TREATMENT WITH CONSCIOUS SEDATION

Sedation is frequently used when a child is either too young to understand what is being done or simply cannot cope with treatment. A child may benefit from being sedated when:

- They have high anxiety, fear, an inability to cope, or they are very young (toddlers)
- They have Special Health Needs
- They have an extreme gag reflex

I, _____, give consent for _____ to receive dental treatment with
(Parent Name) (Patient Name)
conscious sedation with Dr. Priya Kothari.

The sedative medications are intended to relax your child, to allow the dentist to render treatment.

Please complete sections below with

The medications to be used are: Midazolam Hydroxyzine Other: _____

All alternative ways to provide treatment have been fully explained.

The medications are intended to calm and quiet your child, NOT make your child unconscious. At different times, your child may be drowsy, irritable, hyperactive, or asleep. Crying not associated with pain may occur during the appointment.

Local anesthetic will be administered to prevent discomfort.

Nitrous Oxide ("laughing gas" or "relaxing air") is usually administered in addition to the sedative medication. It is breathed in through a nasal mask, and is used to help calm your child. It does not put your child to sleep. However, many children become so relaxed that they "nap."

The dental procedures, risks, and alternatives have been explained thoroughly, as well as the risks and consequences of refusing dental treatment.

All patients undergoing sedation are subject to risk of medical complications including, but not limited to: nausea and vomiting, numbness, infection, swelling, allergic reactions, respiratory and cardiovascular problems. I have informed the doctor of my child's complete and current medical history.

Protective stabilization may be necessary to avoid injury to your child or dental staff. You agree you have seen a picture of protective stabilization and agree to use if necessary.

 I UNDERSTAND I HAVE HAD AMPLE OPPORTUNITY TO DISCUSS ALL OF THE ABOVE INFORMATION. MY QUESTIONS HAVE BEEN ANSWERED. I UNDERSTAND AND HAVE RECEIVED THE SEDATION INSTRUCTIONS. I GIVE PERMISSION FOR TREATMENT WITH CONSCIOUS SEDATION AND APPROPRIATE STABILIZATION FOR MY CHILD. I WILL REMAIN IN THE OFFICE DURING THE ENTIRE PROCEDURE.

I am the patient's: Mother Father Legal Guardian Signature _____