



Rio Grande
Children's
DENTISTRY

Rio Grande Children's Dentistry

Dentistry for Children and Teenagers

106 Main St. Ste B * Los Lunas NM 87031

505.865.1999

PRE-OPERATIVE SEDATION APPOINTMENT AGREEMENT

Patient's name: _____ Date of birth: _____

Dental appointment date: _____ Time: _____

Preferred contact phone number: _____

Due to your child's dental problems and inability to cooperate in the dental chair, it will be necessary to give your child a sedative medication for the dental appointment. The following medication(s) will be given to your child:

Midazolam (Versed) and/or Hydroxyzine (Vistaril)

GENERAL INSTRUCTIONS

The medication(s) may not put your child to sleep, but should make your child feel sleepy. Your child may fall asleep before, during, and after the dental treatment, but should be awakened easily. As with any sedative medication, your child may experience an opposite effect and become excited and/or irritable. We recommend strongly that a second responsible person come with you to the appointment to help you take care of your child while driving home. We also require that you remain in the building during the appointment.

Do not give your child any water (or other liquids) or solid foods after midnight the night before the dental appointment. This means no breakfast and do not brush their teeth the morning of the appointment!

Any changes to contact information or child's health must be reported to our office. Failure to respond back to any calls concerning this appointment, consumption of liquids or solid food after midnight the night before, and/or late arrival to the appointment may result in cancellation. If we are unable to contact a parent/guardian the week before to confirm the appointment it may be cancelled.

Parent/Guardian signature _____ Date _____

CONSENT

The instructions above have been explained to me and my questions have been answered. I will follow these instructions and understand that failure to follow these instructions may be life-threatening. I understand the risks of sedating my child and the proposed treatment, and the alternative to treatment have all been explained to me.

PRINT YOUR NAME _____ SIGNATURE _____

RELATIONSHIP TO PATIENT _____ DATE _____

WITNESS _____

I certify that I explained the above procedures to the parent/legal guardian before requesting their signature.

Signature of Dentist

AFTER YOUR CHILD'S SEDATION

Today your child had dental treatment under conscious sedation.

He/she received the following medicine(s) for sedation:

- | | |
|---|---|
| <input type="checkbox"/> Chloral Hydrate | <input type="checkbox"/> Diazepam (Valium) |
| <input type="checkbox"/> Meperidine (Demerol) | <input type="checkbox"/> Midazolam (Versed) |
| <input type="checkbox"/> Hydroxyzine (Vistaril) | <input type="checkbox"/> Other _____ |

Children respond to sedation in their own way, but the following guidelines will help you know what to expect at home.

GOING HOME FROM THE APPOINTMENT

1. Your child will not be able to walk well, so you can carry your child or we can assist you with a wheelchair to the car or around the office.
2. Young children (up to age 3 or 4 pr 40 inches tall) must be restrained in a car safety seat.
3. Older children must be restrained with a seat belt and should be assisted into your home by a trusted friend or family member.

ACTIVITY

1. It is best to keep your child awake for two (2) hours following the appointment.
2. A second responsible person must watch your child in the car while driving home.
3. Your child may be unsteady when walking or crawling and will need support to protect him/her from injury. An ADULT must be with the child at all times until the child has returned to his/her usual state of alertness and coordination. Your child should be able to return to school or day care tomorrow.
4. Do not allow your child to sleep with the chin dropped towards the chest---this could prevent adequate breathing.
5. Watch for lip/cheek/tongue biting or picking at the face due to the numbness from the local anesthetic.
6. Your child should not perform any potentially dangerous activities, such as riding a bike, playing outside, handling sharp objects, working with tools, or climbing stairs until they are back to their usual alertness and coordination for at least one hour.

EATING AND DRINKING INSTRUCTIONS

Your child's stomach may feel upset for the next few hours. Begin by giving clear liquids such as clear juices, water, gelatin, Popsicles, or broth. If your child does not vomit after 30 minutes, you may continue with solid foods. If vomiting occurs, keep your child's throat clear by holding their head down or to the side during vomiting.

REASONS TO CALL THE DOCTOR

1. You are unable to arouse your child.
2. Your child is unable to eat or drink.
3. Excessive vomiting or pain.
4. Your child develops a rash.

FOR THESE OR ANY OTHER CONCERNS about your child's sedation, contact our office at 505-892-9010.

CONSENT

The above instructions have been explained to me and I understand the procedure and will follow the instructions.

Patient's Name _____

Parent/Guardian Signature _____

Date _____