

INFORMED CONSENT DISCUSSION FOR ORAL CONSCIOUS SEDATION

Patient name: _____ Date: _____

Facts for Consideration

The goal of this document is to provide patients/guardians with information to understand oral conscious sedation when utilized during periodontal or dental treatment. This consent must be signed by the patient/guardian before the day of surgery. Any questions regarding the risks and benefits will be discussed with the Dr. Temlock prior to the treatment date. Please read this document completely and ask any questions prior to signing this consent form.

_____ I understand the purpose of oral conscious sedation is to more comfortably receive my periodontal and dental care. Oral conscious sedation is not required to provide this care.

_____ I understand that I must notify Dr. Temlock if there are any changes to my medical history or medication changes at any time. I understand it is my responsibility to notify Dr. Temlock regarding these changes. I understand that I must notify Dr. Temlock if I am pregnant or lactating. I understand I must notify Dr. Temlock if I have sensitivities or allergies to any medications.

_____ I understand that conscious sedation is a drug-induced state of reduced awareness and decreased ability to respond. Conscious sedation is not sleep, and I will be able to respond during the procedure. My ability to respond normally returns once the effects of the sedation wears off.

_____ I understand that my conscious sedation will be achieved via oral administration. I will take the prescribed medication approximately 60-90 minutes before my appointment. The sedation may last up to 12-24 hours.

_____ I understand that I will not be able to drive or operate machinery while taking oral sedatives for 24 hours. I understand I will need to make arrangements for someone to drive me to and from my appointment with Dr. Temlock. I also understand I should have someone monitor me for approximately 24 hours following surgery.

_____ I understand that I should not consume any alcoholic beverages nor use other mood altering substances 24 hours before or after taking oral sedatives.

_____ I understand I must follow all pre-operative and post-operative instructions completely. Failure to follow instructions reduces the chances of sedative and surgical success.

Alternatives to Oral Conscious Sedation

_____ I understand the alternatives to oral conscious sedation include:

- A. No sedation: Treatment can be completed with the use of local anesthetics only.
- B. Nitrous Oxide Sedation: This is commonly referred to as “laughing gas.” Nitrous oxide is an inhalant that provides relaxation, but the patient is still generally aware of the surrounding activities. Its effects are usually reversed in approximately five minutes with oxygen.
- C. Anxiolysis: Taking medications to reduce fear and anxiety.
- D. Intravenous (IV) Sedation: Dr. Temlock or another trained health care provider can inject medications directly into my bloodstream via a tube connected to a vein in my body. This requires advanced arrangement with our anesthesiologist.
- E. General Sedation: This is commonly referred to “deep sedation” or “general anesthesia.” The patient has no awareness and must have their breathing supported. General

sedation is more appropriate for longer procedure lasting more than three (3) hours and usually administered in a hospital or outpatient surgical clinic. This requires advanced arrangement with Dr. Temlock and anesthesiologists.

Risks and Limitations to Oral Conscious Sedation

_____ I understand that oral conscious sedation has risks and limitations. I had the opportunity to discuss these risks and limitations with Dr. Temlock prior to making my decision regarding oral conscious sedation. These risks include, but are not limited to, the following:

- A. Inadequate Sedation: I understand that the initial dosage may require the patient to complete the treatment without full sedation. I understand that the procedure may need to be delayed or postponed as a result of inadequate sedation.
- B. I understand that all medications have side effects. In rare instances, a reaction to sedative medications may require emergency medical attention or hospitalizations.
- C. I understand that I will be unable to consent to changes in the treatment plan if they arise.

_____ I understand that other risks and limitations are associated with oral conscious sedation and I have discussed these risks with Dr. Temlock.

Treatment Plan Changes During the Procedure under Oral Conscious Sedation

_____ I understand that circumstances may present during the procedure that were not anticipated during the initial treatment planning consultation/evaluation.

_____ If a change in treatment is required while I am sedated, I authorize Dr. Temlock and the operative team to make whatever changes they deem reasonable and in my best interest. Dr. Temlock will use his professional judgment regarding these changes if they are deemed necessary.

Check only one of the boxes below that applies to you:

- After thorough deliberation, I consent and direct Dr. Temlock to perform any and all procedures related to my periodontal and dental health under oral conscious sedation. I confirm that I have been given no guarantee or assurance by anyone as to the results that may be obtained from my treatment. I am aware of the fees that are due at the time of surgery and that extra fees may be incurred during surgery that could not be anticipated prior to surgery.
- I refuse or decline to give my consent for the proposed sedation as discussed with Dr. Temlock.

_____ I attest that I had the opportunity to discuss the risks, benefits, consequences, limitations and alternatives to oral conscious sedation. I had the opportunity to ask questions prior to consenting to oral conscious sedation, and I am satisfied with the answers provided by Dr. Temlock.

_____ I hereby consent to oral conscious sedation in conjunction with the treatment provided by Dr. Temlock.

Patient's or Guardian's Signature

Date