

## NITROUS OXIDE INFORMED CONSENT

I hereby authorize **Ueno Center** to perform nitrous oxide/oxygen conscious sedation

1. I accept and understand that Nitrous Oxide is commonly called laughing gas and provides relaxation. I understand that I (or my child) will be awake, fully conscious, aware of my surroundings, and able to respond rationally to questions and directions.
2. I accept and understand that Nitrous Oxide is an elective procedure and not required to provide the necessary dental treatment. I am aware that the alternative to completing the necessary treatment with Nitrous Oxide is to use local anesthetic ONLY.
3. Please advise the doctor and staff of your complete medical history, including any surgeries. Advise them of any changes in your medical history including if you or your child has a cold, upper respiratory infection, asthma, or difficulty breathing, this may affect how well the nitrous oxide will work.
4. Nitrous oxide sedation is used for anxiety and pain control, as well as control of gagging. Local anesthesia will also be required for most procedures.
5. I have been advised of the possible complications associated with Nitrous Oxide. They include, but are not limited to:
  - a) Nausea and vomiting: This is the most frequent of the side effects of nitrous oxide sedation but its frequency is still quite low. In order to use nitrous oxide sedation, you (or your child) must not have eaten or drank anything for the 2 hours prior to the procedure. For this reason your appointment will be first thing in the morning.
  - b) Temporary tingling in the fingers, toes, cheeks, lips, tongue and head or neck area
  - c) Temporary warm feeling throughout the body with accompanying flushing/ blushing.
  - d) Temporary detachment or “out of body” sensation.
  - e) Temporary sluggishness in motion and/or speech.
  - f) Shivering – usually at the end of the procedure.
6. Nitrous oxide sedation is very effective for many people, however; some people may not like the feeling it produces, or it may produce increased activity in some people, at which time you or the dentist may decide to discontinue nitrous oxide sedation.
7. For some people nitrous oxide sedation may not calm them adequately to allow a dental procedure to be done. These people may require referral for other sedation techniques.

I hereby certify that I understand this authorization and the reasons for the above named sedative procedure and its associated risks. I am aware that the practice of dentistry is not an exact science. I acknowledge that every effort will be made in my (or my responsible parties) behalf for a positive outcome from sedation, but no guarantees have been made as to the result of the procedure authorized above.

Print patient name	Signature of the patient/parent/guardian	Date

Witness Signature	Date