



## Discussion and Informed Consent for Nitrous Oxide/Oxygen Inhalation Sedation

### Facts for Consideration/Patient initials required

- \_\_\_\_\_ Nitrous oxide/Oxygen (N2O) inhalation is a mild form of conscious sedation used to calm an anxious patient. The patient is observed while N2O is administered and after completion of treatment until patient is fully recovered from its effects.
- \_\_\_\_\_ Nitrous oxide/Oxygen is a colorless, slightly sweet gas that when inhaled can produce sensations of drowsiness, warmth, and tingling of the hands, feet and/or mouth.
- \_\_\_\_\_ Our fee for Nitrous oxide/Oxygen sedation is \$20.00 per visit. Please be aware that other offices can charge upward of \$50/hour or more, while some office do not even offer this type of sedation.
- \_\_\_\_\_ There is a one-time mask fee of \$25.00, which you will be able to take home with you after each visit. Please note that bringing your mask to your dental visits is your responsibility. We can provide a additional/replacement mask for \$15.00.

### Benefits of Nitrous oxide/Oxygen Inhalation Sedation, Not Limited to the Following:

- \_\_\_\_\_ Unlike other forms of sedation, you will remain awake and responsive to directions and questions. You will continue to be able to swallow, talk and cough as needed.
- \_\_\_\_\_ Procedure does not require you to have a driver. You will be able to drive to and from your appointment as normal.
- \_\_\_\_\_ Recovering is rapid. Nitrous oxide is completely flushed from your system and eliminated from your lungs and bloodstream once we place you on 100% oxygen post-operatively.

### Risks of Nitrous oxide/Oxygen Inhalation Sedation, Not Limited to the Following:

\*\*Nitrous oxide/Oxygen inhalation sedations has few contraindications as listed below, please initial next to each verifying it does **NOT** apply to you:

- \_\_\_\_\_ Pregnancy
- \_\_\_\_\_ Congestive Heart Failure/Severe COPD
- \_\_\_\_\_ Respiratory diseases that affect the bronchioles
- \_\_\_\_\_ Blocked nasal passages, colds, etc.
- \_\_\_\_\_ History of substance abuse
- \_\_\_\_\_ Nitrous oxide/Oxygen inhalation sedation can cause “stomach butterflies” (nausea), which can result in vomiting, so please avoid a large meal within four hours preceding your dental visits.

\_\_\_\_\_ I understand that if I feel dizzy after sedation, I must remain seated until the sensation has passed. I will not leave the office until my head feels clear, and I am able to function (i.e., walk and drive) safely.

\_\_\_\_\_ I understand that all medications have the potential for accompanying risks, side effects, and drug interactions. Therefore, it is critical that I tell my dentist of all medications I am currently taking and any medical conditions I am have. I attest that my medical history is up to date and accurate so that my dentist may ensure my safety during the procedure.

**Alternatives to Nitrous oxide/Oxygen Inhalation Sedation, Not Limited to the Following:**

\_\_\_\_\_ You may choose to not use this form of sedation and complete your dental treatment without any treatment for anxiety. You may also need a deeper sedation for your dental treatment. If Dr. Mark Poitras feels that this is an option for you, you may choose to take an oral sedative or pill to relieve your anxiety.

No guarantee or assurance has been given to me by anyone that the proposed treatment or surgery will cure or improve the conditions listed above.

Initial only one of the spaces below that applies to you:

\_\_\_\_\_ I have had my questions answered to my satisfaction. I consent to have Dr. Mark Poitras perform the treatment as discussed. I authorize and direct this dentist, with his associates, to do whatever they deem necessary and advisable under the circumstances.

Or

\_\_\_\_\_ I refuse to give my consent for the proposed treatments(s) as described above and understand the potential for consequences associated with this refusal.

\_\_\_\_\_  
Patients Signature (or Patient's Representative)      Date

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Patients Signature (or Patient's Representative)      Date

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Patients Signature (or Patient's Representative)      Date

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Patients Signature (or Patient's Representative)      Date