Patient Name:_____
Date of Birth:_____

Consent for Nitrous Oxide /Oxygen Inhalation Sedation (Supplement Use of "Laughing Gas")

NITROUS OXIDE is also known as "laughing gas." You will be relaxed and somewhat less aware of your surroundings, as well as less responsive to minor discomfort, and you may not recall much of the procedure. Nitrous oxide is breathed through a nasal mask and, after a state of relaxation is reached, local anesthesia is administered.

Nitrous oxide has few lasting effects and you usually may drive safely after a fairly brief recovery time. However, for safety precautions, its use does require some preparation on your part. Thus, it is important that you read and understand the information below and that you prepare by following the instructions carefully.

1. Recovery time from nitrous oxide is usually very short, but may be prolonged requiring you to remain in the office for some time after the procedure. Rarely, you may be unable to drive home alone. Thus, it is best to arrange for a responsible friend or family member to be "on call" for such a possibility.
2. Although not usually required, it may be best to have a responsible adult accompany you to drive you home.
3. You may have a light meal a few hours prior to your appointment.

Nitrous Oxide/Oxygen Inhalation Sedative is used for anxiety and pain control, as well as control of gagging.

I understand that there are risks and complications associated with the administration of medications, including anesthesia, and utilization of Nitrous Oxide/Oxygen Inhalation Sedation. These potential risks and complications, include, but are not limited to, the following:

1. Nausea and vomiting are the most frequent of the side effects for Nitrous Oxide/Oxygen Conscious Sedation, but its frequency is quite low.
2. Temporary tingling in the fingers, toes, cheeks, lips, tongue and head or neck area.
3. Temporary warm feeling throughout the body with accompanying flushing/blushing.
4. Temporary detachment or "out of body" sensation.
5. Temporary sluggishness in motion and/or speech.
6. Shivering – occasionally at the end of the procedure.
7. As a result of the injection or use of anesthesia, at times there may be swelling, jaw muscle tenderness or even resultant numbness of the tongue, lips, teeth, jaws and/or facial tissues, that is usually temporary. In rare instances, such numbness may be permanent.

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You will sometimes be given local anesthesia. LOCAL ANESTHESIA will produce a numb feeling in the area being treated and only pressure will be felt. You will be awake and aware of the treatment, but there should be no pain or significant discomfort.

1. **Have a light meal a few hours prior to the procedure.**
2. **For more extensive procedures you may wish to have someone drive you home.**

You may choose to add NITROUS OXIDE/OXYGEN INHALATION SEDATION as a supplement to local anesthesia. Use of nitrous oxide requires that we obtain your consent.

I understand that the use of Nitrous Oxide/Oxygen Inhalation Sedation, although usually safe and without lasting consequences, may affect me differently. I am prepared to deal with undesirable side effects of nitrous oxide and understand that those possibilities listed above, as well as others not considered, may occur. I agree to the use of Nitrous Oxide/Oxygen Inhalation Sedation ("Laughing Gas") to supplement the local anesthesia planned for my procedure. I have read and understand the foregoing, and I have had the opportunity to discuss any questions I may have regarding the foregoing with the doctor. I have been given satisfactory answers to all of my questions, and I wish to proceed with the Nitrous Oxide/Oxygen Inhalation Sedation.

I am not pregnant or nursing at this time and have informed the doctor of any changes in my medical history or medication I am taking.

Signed:_____ Date: _____
Patient/Parent/Guardian

Relationship (if patient a minor): _____

Witness (signature): _____

Patient Name: _____

Date of Birth: _____

PRE-ANESTHESIA INSTRUCTIONS FOR NITROUS OXIDE

1. Please have a light meal 1-2 hours prior to your dental appointment. This is especially important if you have issues or conditions which may be complicated by your eating schedule (i.e., diabetes or hypoglycemia).

2. If you see any medical specialists or have any medical issues or special concerns, please let the doctor know ahead of time. Additional consultations may be necessary prior to your dental treatment to address concerns such as allergies to medications or history of nausea or vomiting after procedures.

If at any time there are any questions or concerns about your upcoming procedure, please do not hesitate to call our office. Drs. Nunnally, Freeman, Owens, Dorsey and Etheredge want to make sure you fully understand the process of having nitrous oxide (laughing gas) administered and are comfortable with your dental appointment.

Initial: _____

Drs. Nunnally, Freeman, Owens, Dorsey and Etheredge

2100 F. M. 1431 West

Marble Falls, TX 78654

830-693-3646

Patient Name: _____

Date of Birth: _____

POST-ANESTHESIA INSTRUCTIONS FOR NITROUS OXIDE

1. You may resume your regular work and physical activity schedule immediately following your appointment unless otherwise instructed by the doctor.

2. You may resume any prescribed medications (such as blood pressure, heart or seizure medication, etc.) on your normal schedule unless instructed otherwise by the doctor.

If at any time there are any questions or concerns, do not hesitate to call our office. Drs. Nunnally, Freeman, Owens, Dorsey and Etheredge want to make your recovery of having dental procedures completed as easy and quick as possible.

Initial: _____

Drs. Nunnally, Freeman, Owens, Dorsey and Etheredge

2100 F. M. 1431 West

Marble Falls, TX 78654

830-693-3646