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CONSENT TO ADMINISTER CONSCIOUS SEDATION FOR DENTAL TREATMENT

A LEGAL GUARDIAN NEEDS TO BE PRESENT TO SIGN SEDATION PAPERWORK AND WILL NEED TO BE PRESENT IN THE OFFICE DURING THE ENTIRE ORAL SEDATION APPOINTMENT

FOR YOUR CHILD’S SAFETY, THE DRS. ASK THAT PARENTS STAY IN THE LOBBY ROOM DURING YOUR CHILD’S APPOINTMENT.

Some children cannot receive dental treatment in the usual manner due to their young age, fear, inability to cooperate, or the involvement of the procedures. Options for these children include: (1) delaying treatment until the child is more cooperative, (2) immobilizing the child to accomplish the care that is required, (3) sedating the child to a level at which dental care can hopefully be provided comfortably, or (4) giving the child general anesthetic in the hospital. These possibilities all include various advantages, disadvantages, and risks. Delaying treatment may allow dental disease to progress to an emergency situation, including abscess formation, infection, pain, fever, and risk to the developing permanent teeth, or contribute to a long-term dental problem, immobilizing the child in a pediatric wrap is generally safe and has few complications. However, in some children it may increase fear of dental treatment. General anesthesia must be performed in a hospital-type setting with an anesthesiologist administering the anesthesia. There are significant financial costs associated with this treatment as well as a low, but present, degree of risk the child’s health.

Factors considered when administering a sedative drug include the child’s medical history, previous reactions to drugs, age, weight, behavior of the child and the treatment to be accomplished. Despite such considerations, the child’s reaction to a sedative drug may vary, with some children demonstrating little sedative effect while others may become profoundly sedated. The most common side effects to sedative drugs include nausea, vomiting, and dizziness. Other reactions which are much **less common** but must be mentioned are: breathing and cardiac problems and allergic reactions. In addition to oral sedative medication(s), nitrous oxide and oxygen may be used to supplement the sedation and deliver oxygen. Risks and complications with nitrous oxide are rare, and its effects are gone five minutes after it is stopped. The most common unfavorable reactions are nausea and vomiting. These are minimized when the child has not recently eaten. Additionally, local anesthesia (numbing) for pain control will be used. The risks involved for local anesthesia are quite low but similar to those listed for sedative medications. Proper and acceptable measures will be taken to optimize your child’s safety and to achieve quality pediatric dentistry; however, we can give no guarantees or assurances as to the results that may be obtained.

I certify that I have read and understand the above information and have had any and all questions concerning the procedures, material risks, and complications answered to my satisfaction. With the signing of this statement, I give a knowing and voluntary informed consent to administer conscious sedation to my child, and release Dr. Randy Smith and Dr. Mark Marlowe from any form of accident that could happen after the time the child leaves the office due to the above effects pertaining to the conscious sedation drugs given.

Child’s Name: _____

Parent/Guardian’s Signature: _____ Date: _____

Signature of Witness: _____ Date: _____