



**Ambulatory Dental  
Anesthesia Associates**  
— VIGILANT —

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## PEDIATRIC ANESTHESIA CONSENT

The following is provided to inform you of the choices and risks involved with your child's dental treatment under **deep sedation and general anesthesia**. This information is presented to enable you to be better informed concerning his or her treatment options.

### YOUR OPTIONS

\_\_\_\_\_ This consent form goes over the risks, benefits, alternatives associated with **deep sedation and general anesthesia in the dental office**. However, there are several other options which you may choose for your child's dental treatment.

1. **No treatment** - You are NOT obligated to accept your child's proposed dental treatment or anesthesia. You have a right to refuse the dental treatment, anesthesia, or both.
2. **Local anesthesia** - Your child will be fully awake, and will be given injection(s) to numb the treatment area.
3. **Papoose board** - Your child will be strapped down for the procedure, and will be given injection(s) to numb the treatment area.
4. **Nitrous oxide sedation** - Your child will be given "laughing gas" to help relax throughout the procedure.
5. **Oral sedation** - Your child will receive pills or syrup to help relax throughout the procedure.
6. **Deep sedation** - Your child will be asleep during the procedure, and may also be given injection(s) to numb the treatment area.
7. **General anesthesia** - Your child will be fully asleep during the procedure, and may also be given injection(s) to numb the treatment area. Breathing tube may be placed from the mouth or the nose to protect your child's airway, and to ensure that he or she is breathing properly.

Deep sedation and general anesthesia are done in the presence of a trained anesthesiologist, and may be provided in the office or in the hospital.

### COMMON SIDE EFFECTS

\_\_\_\_\_ The following are some of the most frequent side effects of sedation and general anesthesia.

- **Drowsiness:** Your child will remain drowsy and groggy for the rest of the day. As a result, his or her physical coordination will be impaired.

- Impaired judgment: Your child's judgment will be impaired following anesthesia, which can be up to twenty-four (24) hours following anesthesia.
- Nausea and vomiting: Your child may experience nausea and vomiting following anesthesia, which occurs in about 15-30% of patients.
- Phlebitis: Phlebitis is a raised, tender, hardened, inflammatory response at the intravenous site. The inflammation usually resolves with local application of warm moist heat; however tenderness, discoloration, and a hard lump may be present up to a year.
- Sore throat: Your child may experience sore throat for a few days following anesthesia due to the presence of a breathing tube during anesthesia.

## COMPLICATIONS AND RISKS

\_\_\_\_\_ Anesthesia carries certain risks. Although rare, serious complication may arise as a result of anesthesia which may include: serious allergic reaction, kidney injury, stroke, brain injury, heart attack, and death. Certain complications may require hospitalization.

\_\_\_\_\_ Dental injections also carries certain risks. These may include temporary or permanent numbness at the area of injection, temporary or permanent nerve damage at the area of injection, seizures, or heart attack.

\_\_\_\_\_ Risks of complications are generally the lowest with no anesthesia, and greatest with deep sedation and general anesthesia.

## DIETARY RESTRICTIONS

\_\_\_\_\_ During anesthesia, **any food or liquid in the stomach can lead to life threatening complications** including brain injury and death.

\_\_\_\_\_ Your child **must not have anything to eat or drink starting midnight** before his or her appointment. You or a responsible guardian must closely monitor your child during this period to make sure he or she doesn't consume anything while unattended.

\_\_\_\_\_ I agree to monitor my child and to strictly enforce the dietary restrictions prior to the anesthesia appointment.

Exceptions:

- **Clear water** and **clear apple** juice may be consumed no less than **four (4) hours** prior to the anesthesia appointment.
- Morning **medications** may be taken with a tiny sip of **clear water**, just enough to swallow the pills.

## PREGNANT AND NURSING PATIENTS

\_\_\_\_\_ FEMALE PATIENTS: Anesthetics, medications, and drugs may be harmful to the unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility of having an informed discussion with my child and letting the anesthesiologist know of any possibility of pregnancy or a confirmed pregnancy with the understanding that this will necessitate the postponement of the anesthesia. I also understand that I must inform the anesthesiologist if my child is a nursing mother.

## CLEARANCE FOR ANESTHESIA

\_\_\_\_\_ Anesthesia clearance requires a careful review of your child's medical history and physical presentation. The anesthesiologist may require you to bring your child to the pediatrician before an appointment can be booked.

\_\_\_\_\_ A medical clearance from the physician does not guarantee a clearance for the anesthesia. On the appointment day, the anesthesiologist will make the final determination based on careful assessment as to whether anesthesia appointment may proceed as planned.

\_\_\_\_\_ I understand that the anesthesiologist has the rights to cancel, postpone, or refuse anesthesia for **any risk or perceived risk** which in **his/her sole discretion** may outweigh the benefits of the anesthesia.

## CHANGES IN HEALTH

\_\_\_\_\_ Any changes in your child's health, especially the development of a fever or cold, is very important. For your child's safety, he or she may be re-scheduled for another day. Please inform the office of any change in your child's health prior to the appointment.

## DURING THE ANESTHESIA

\_\_\_\_\_ Once anesthetics have been administered to your child and during the course of the ensuing anesthesia, **you WILL NOT be allowed access to your child** until the anesthesiologist determines that your child is ready to be recovered with you.

\_\_\_\_\_ Your child will have monitors such as blood pressure cuff, heart beat monitor, oxygen monitor, and breathing monitor throughout the course of the anesthesia.

\_\_\_\_\_ Your child will have an IV placed into his or her vein. This is generally done after your child has fully fallen asleep.

\_\_\_\_\_ Your child will likely receive a breathing tube through his or her nose. Your child will not be aware that this is happening.

\_\_\_\_\_ Once the procedure is finished, your child will start to wake up. Although different children may wake up differently, it is normal for children to wake up crying, confused, and upset. Your child will stay with you in the recovery area until deemed safe to go home by the anesthesiologist.

## AFTER THE ANESTHESIA

\_\_\_\_\_ Your child will be drowsy for the remainder of the day. His or her physical coordination will be impaired. Thus, it is important that a responsible adult remain in the presence of your child at all times for twenty-four (24) hours following anesthesia. During this period, your child must not play outside, go to school, swim, exercise, play sports, ride the bicycle, or participate in any other activities which require physical coordination. Your child **must not** walk up and down the stairs without an assistance of a responsible adult.

## USE OF STREET DRUGS

\_\_\_\_\_ Exposure to street drugs (marijuana, heroine, cocaine, etc.) is strictly forbidden for several days before and after anesthesia. The mixture of street drugs and anesthetic/sedative agents has resulted in very serious and even fatal complications. Please consult the anesthesiologist if your child is



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Witness Signature

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Date