

## Oral Sedation (Anxiolysis) Informed Consent Form

1. I understand that the purpose of anxiolysis is to more comfortably receive necessary care. Anxiolysis is not required to provide the necessary dental care. I understand that anxiolysis has limitations and risks and absolute success cannot be guaranteed. (See #4 options).
2. I understand that anxiolysis is a drug-induced state of the reduced awareness and decreased ability to respond. The purpose of anxiolysis is to reduce fear and anxiety. I will be able to respond during the procedure. My ability to respond normally returns when the effects of the sedative wear off.
3. I understand that anxiolysis will be achieved by the following route:
  - Oral administration: I will take a pill (or pills) approximately 45 minutes prior to my appointment. The sedation will last approximately 2 to 3 hours.
4. I understand that the alternatives to anxiolysis in this office are:
  - a) No sedation. The necessary procedure is performed under local anesthetic with the patient fully aware.
  - b) Intravenous (IV) Administration. A nurse anesthesiologist will inject the sedative in a tube connected to a vein in my arm.
5. I understand that there are risks or limitations to all procedures. For anxiolysis these include:
  - a) Inadequate initial dosage may require the patient to undergo the procedure without anxiolysis or delay the procedure for another time.
  - b) Atypical reaction to drugs which may require emergency medical attention and/or hospitalization such as altered mental states, allergic reactions, and physical reactions including possible respiratory depression.
  - c) Inability to discuss treatment options with the doctor should circumstance require a change in treatment plan.
6. If, during the procedure, a change in treatment is required, I authorize the doctor and the operative team to make whatever change they deem in their professional judgment is necessary. I understand that I have the right to designate the individual who will make such a decision.
7. I have had the opportunity to discuss anxiolysis and have my questions answered by qualified personnel including the doctor, if I so desire. I also understand that I must follow all the recommended treatments and instructions of my doctor.
8. I understand that I must notify the doctor if I am pregnant, or if I am lactating. I must notify the doctor if I have sensitivity to any medication, of my present mental and physical condition, if I have recently consumed alcohol, and if I am presently on psychiatric mood altering drugs or other medications.

9. I will inform the doctor if I am hypersensitive to benzodiazepines (Valium, Ativan, Versed, etc.)
10. I will inform the doctor if I have liver or kidney disease.
11. I will not be able to drive or operate machinery while taking oral sedatives for 24 hours after my procedure. I understand I will need to have arrangements for someone to drive me to, if I take the pill beforehand, and from my dental appointment while taking the medication.
12. No narcotics shall be taken until 8 hours after completion of the procedure, unless otherwise instructed by the doctor.
13. I understand that I will be escorted via wheelchair to my departing vehicle after the procedure.
14. I hereby consent to anxiolysis in conjunction with my dental care.

Tell the doctor if you are taking the following medications as they can adversely interact with triazolam: nefazidibe (Serzone); dmetidine (Tagamet, Tagamet HB, Novocimetine or Peptol); levodopa (Dopar or Larodopa) for Parkinson's disease; antihistamines (such as benedryl and tivist), verapamil (Calan); diltiazem (Cardizem); erythromycin and the azole antimycotics (Nizoral, Biaxin or Sporanox); HIV drugs indinavir and nelfinovir; and alcohol. Of course, taking recreational/illegal drugs can also cause untoward reactions.

Weight (kg): \_\_\_\_\_ Height (m): \_\_\_\_\_ ASA Class: \_\_\_\_\_

BMI (weight in kg / height in m<sup>2</sup>): \_\_\_\_\_

Patient/ Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

**Oral Sedation (Anxiolysis) Pre-Operative Instructions:**

1. Take regular medications unless specified by Physician or Dentist.
2. Do not eat or drink for 8 hours prior to the dental appointment.
3. Patient must be driven to the office by a responsible companion.
4. No smoking or drinking alcohol for 8 hours prior to the dental appointment.
5. Sedative medications must be taken according to Dentist's instructions
6. Patients must have NO chance of pregnancy.

**Oral Sedation (Anxiolysis) Post-Operative Instructions:**

1. Take all regular or prescribed medications as outlined by Physician or Dentist.
2. No alcohol for 12 hours post-surgery.
3. No driving for 12 hours post-surgery.
4. Do not operate machinery for 12 hours post-surgery.
5. Must have a responsible companion escort patient home and observe recovery for at least 4 hours.

Patient Signature: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_