



NITROUS OXIDE INFORMED CONSENT

The purpose of this informed consent form is to provide an opportunity for patients (and/or their parents/guardians) to understand and give permission for the use of Nitrous Oxide when provided along with dental treatment. Each item should be checked off after the parent/guardian has had an opportunity for discussion and questions.

_____ 1. I accept and understand that Nitrous Oxide is commonly called “laughing gas” and provides relaxation, although your child will be awake, fully conscious aware of their surroundings, and they are able to respond rationally to inquiries and directions.

_____ 2. I accept and understand that the use of Nitrous Oxide is not required to provide the necessary dental care.

_____ 3. I accept and understand that the purpose of Nitrous Oxide is to make it more comfortable for my child to receive the necessary dental care with less pain and/or anxiety. I also accept and understand that the use of Nitrous Oxide has limitations and risks and absolute success cannot be guaranteed. (See also #5, below.)

_____ 4. I accept and understand that Nitrous Oxide will be administered by way of the inhalation route.

_____ 5. I accept and understand that the alternatives to Nitrous Oxide are:

_____ a. No Nitrous Oxide: The necessary procedure is performed under local anesthesia only.

b. Intravenous (IV) Sedation/General Anesthesia: Commonly called deep sedation or GA, a child under general anesthesia has no awareness and must have his/her breathing temporarily supported. General anesthesia is appropriate for more invasive procedures.

_____ 6. The use of Nitrous Oxide has been **fully explained to me**, including all risks involved. I have been fully informed that **temporary complications** may include, but are not exclusive of: tingling in the fingers, toes, cheeks, lips, tongue, head or neck area; heaviness in the thighs/or legs, followed by a lighter floating feeling; resonance in the voice or presence of a hypernasal tone; warm feeling throughout body, with flushed cheeks; episodes of uncontrollable laughter or giddiness; detachment or disassociation from environment may occur; intense and uncomfortable warm and/or hot feeling throughout body; lightweight or floating sensation with an accompanying “out of body” sensation; sluggishness in motion and slurring and /or repetition of words;

feeling of nausea; vomiting; agitation; and hallucination. **All of these complications are temporary.**

_____ 7. **I have had the opportunity to discuss the Nitrous Oxide in conjunction with my child’s dental care, and have had an opportunity to ask questions, and am fully satisfied with the answers I received.**

_____ 8. I accept and understand that I must follow all recommended instructions.

_____ 9. I have informed the doctor of my child’s complete medical history including any recent surgeries or changes in my child’s medical history involving lung, respiratory, ear infection or common cold. I also accept and understand that I must notify the doctor of my child’s mental and physical condition.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

General Instructions for Parents of Children having Nitrous Oxide Oxygen Analgesia

Nitrous oxide oxygen analgesia works very well for 9 out of 10 children and makes the dental experience a more pleasant one. One out of 10 children does not like the feeling they get from the nitrous oxide and another technique will need to be used. When children become adolescents, the number who like the nitrous oxide drops, and for every 1 teenager who likes it, there is 1 who does not. It remains an excellent technique for children.

Nitrous oxide is administered by a nasal mask. The gas has a pleasant odor and is sometimes called “sweet air”. Nitrous oxide oxygen analgesia is not used as an anesthetic and the child does not go to sleep. Their protective reflexes are not depressed by the gas. It does provide good analgesia and, in some cases, enough analgesia to remove a tooth without local anesthesia. In this office, we use local anesthesia with most procedures and the nitrous oxide prevents the child from feeling the local anesthetic injection. It also provides amnesia, in many cases, where the child does not remember the surgical experience.

The pre-operative instructions for nitrous oxide oxygen analgesia are as follows:

You may have a light meal up to 2 hours prior to surgery (toast, bagel, fruit, or muffin).
You may have clear liquids up to the time of surgery (juice, water, or tea).

On the day of surgery, it is permissible for a parent to be in the room during the procedure and, in most cases, it is a good thing. I discourage multiple people in the room because it is too distracting for the child and the gas will not work as well as it normally does.

During the procedure itself, it is good to be supportive of your child, however, do not be a “cheer leader”. Keep the talking to a minimum. When the room is quiet and relaxing, the child will be able to inhale the gas better and as a result an easier experience for the child. Wait about five minutes afterwards before asking the child how the experience was. If you wait that long, they probably will not remember much, or nothing at all.

The post-operative instructions for nitrous oxide as follows:

At the end of the procedure, several minutes of oxygen are given and the effects of the nitrous oxide will diminish. Most children will also have local anesthesia with the nitrous to numb the desired area. It is important to watch your child while they are numb to help guide them not to bite, scratch, or suck on the numbed area. **Children will occasionally bite their lips, cheeks, or tongue while numb which can result in a painful ulcer and/or swelling when the numbing wears off.**

It is recommended that children avoid eating for at least 1 hour after the numbing to avoid traumatic biting injuries. Dr. Caroline will let you know how long she anticipates your child will be numb to help coordinate their next meal. Children can drink liquids immediately after the procedure as long as caution is exercised with numbed tissues.

PLEASE CALL THE OFFICE IF YOU HAVE ANY QUESTIONS ABOUT YOUR CHILD’S RECOVERY

781-474-7865