



Consent for Nitrous Oxide

Consent for Nitrous Oxide

Patient First Name:

Patient Last Name:

DOB:

The purpose of this document is to provide written information regarding the risks, benefits, and alternatives of the procedures named above. This material serves as a supplement to the discussion you have with your child's doctor. It is important that you fully understand this information, so please read this document thoroughly. If you have any questions regarding the procedure, ask the doctor prior to signing the consent form.

THE PROCEDURE

Nitrous oxide/oxygen inhalation is a mild form of conscious sedation used alongside local anesthetic to calm an anxious patient during a dental procedure. The doctor has recommended that you/your child be given nitrous oxide/oxygen (laughing gas) to breathe during dental treatment to help reduce fear and apprehension. Nitrous oxide/oxygen is a blend of two gases: oxygen and nitrous oxide. When inhaled, it is absorbed by the body and has a calming effect. Normal breathing eliminates nitrous oxide/oxygen from the body. When breathing nitrous oxide/oxygen, you/your child will smell a sweet pleasant aroma and experience a sense of well-being. If your child is worried by the sights, sounds, or sensations of dental treatment, they may respond more positively to the use of nitrous oxide/oxygen.

SAFETY PRECAUTIONS

Women who are, or may be pregnant will not be allowed to enter the treatment room during any procedure where nitrous oxide is used. This is not a negotiable policy as we will not assume the risk of exposure to your unborn baby under any circumstances. Nitrous oxide/oxygen is very safe, perhaps the safest sedative in dentistry. It is nonaddictive. It is mild, easily taken, and quickly eliminated by the body. You will remain fully conscious and in full awareness and control of your natural reflexes, when breathing nitrous oxide/oxygen.

BENEFITS

• Reduce or eliminate dental anxiety. • Enhance positive communication and patient cooperation throughout dental procedures. • Increase tolerance of longer appointments or multiple procedures. • Raise the pain-reaction threshold, and reduce untoward movements in reaction to procedure. • Allow mentally/physically disabled, or medically compromised patients to successfully undergo complex dental procedures. • Reduces the gag reflex.

RISKS

Known risks of breathing nitrous oxide include, but are not limited to: • Headache and/or slight disorientation • Nausea and vomiting • Behavior in some autistic patients can be negatively affected • Recent nasal congestion may prevent nitrous oxide from being effective.

CONTRAINDICATIONS

If you/your child have any of the following medical concerns, please alert the doctor right away to discuss if your child should be treated with nitrous oxide: • Autism spectrum • MTHFR diagnosis in patient or immediate family • Risk factors for B12/folate deficiency • Malabsorption pernicious anemia • Atrophic gastritis • Gastrectomy • Whipple’s disease • Ileal resection • Crohn’s disease • Prolonged antacid use • Intestinal bacterial overgrowth • Intestinal parasites

☐ I have read and understand all the above statements.

CONSENT

- ☐ I understand that nitrous oxide sedation may not be covered by my child's insurance company. It is my responsibility to verify coverage prior to my child's appointment. If this procedure is not covered, I will accept responsibility for the fee. I further understand that using nitrous oxide sedation does not guarantee that dental treatment can be provided successfully. I understand that I am responsible for the nitrous oxide fee, even if dental treatment cannot be completed due to lack of cooperation.
- ☐ By signing below, I consent and agree that the doctor has explained how this treatment could help my child, and also provided me the associated risks and complications. The doctor has explained to me the alternative treatments that might be done instead, and what would happen if I decline for my child to undergo this procedure. The doctor has answered all my questions. I have been offered the opportunity to read the consent form. I hereby give my consent to have this treatment/procedure performed.

Signature of Patient, Parent, Guardian or
Personal Representative:

Name of Patient, Parent, Guardian or
Personal Representative Relationship to
Patient:

Sign