

## CONSENT FOR ANESTHESIA

It is essential that the patient understand the major risks and complications that can accompany this procedure.

The nature of the procedure is: IV (Intravenous-Injection) Sedation (medication-induced sleep) for surgery.

The administration and monitoring of general anesthesia may vary depending on the type of procedure, the type of practitioner, the age and health of the patient and the setting in which anesthesia is provided. Risks may vary with each specific situation. You are encouraged to explore all the options available for your child's anesthesia for his or her dental treatment, and consult with your dentist or pediatrician as needed.

### **IF YOU HAVE ANY QUESTIONS, PLEASE ASK YOUR DOCTOR BEFORE SIGNING THIS FORM.**

\_\_\_\_\_ 1. Nausea and vomiting are uncommon, yet unfortunate, side effects of intravenous anesthesia. Bed rest, and sometimes medications, may be required for relief of symptoms.

\_\_\_\_\_ 2. Bruising, swelling or discomfort are possible at the site where the drugs are placed into a vein.

\_\_\_\_\_ 3. Irritation of the vein, called phlebitis, may occur where the needle is placed into the injection site. Discomfort in the area may progress to a level where arm or hand motion may be restricted, and further treatment or care may be required.

\_\_\_\_\_ 4. Medications used to achieve anesthesia can cause allergic reactions (previously unknown). These reactions may include rashes, hives and itching.

\_\_\_\_\_ 5. Rare complications may include nerve damage, pneumonia, brain damage, stroke, heart attack and/or death.

\_\_\_\_\_ 6. **YOU MUST HAVE HAD NOTHING TO EAT OR DRINK FOR EIGHT (8) HOURS PRIOR TO YOUR ANESTHETIC. TO DO OTHERWISE MAY BE LIFE-THREATENING!** If directed by your doctor, sips of water may be used to take regular medications or prescriptions given to you by this office or your primary physician. You must tell your surgeon of all medications you have taken within 12 hours of surgery.

\_\_\_\_\_ 7. You should not drive, operate complicated machinery or devices, or make important decisions (such as signing documents) for 24 HOURS after receiving anesthesia.

\_\_\_\_\_ 8. You MUST be accompanied by a responsible adult to drive you to and from surgery, and stay with you for several hours until you are recovered sufficiently to care for yourself.

\_\_\_\_\_ 9. I understand the importance of providing accurate information about my health history, especially concerning possible pregnancy, allergies, use of medications and history of drug or alcohol use. If I misinform my doctor, I understand the consequences may be life-threatening or adversely affect the results of my surgery.

\_\_\_\_\_ 10. I have been advised of my option for a second opinion from another doctor regarding the proposed treatment.

\_\_\_\_\_ 11. I realize that despite all precautions that may be taken to avoid complications, there can be no guarantee as to the result of the proposed treatment.

## CONSENT

I understand that my doctor can't promise that everything will be perfect. I understand that the treatment listed above and other forms of treatment or no treatment at all are choices I have and the risks of those choices have been presented to me. I have read and understand the above and give my consent to surgery and chosen anesthesia. I have given a complete and truthful medical history, including all medicines, drug use, pregnancy, etc. I certify that I speak, read and write English. All of my questions have been answered before signing this form.

