

A	ppointment	Date/Tim	ne:

Oral Sedation Instructions

In General. It is very important for your child's safety that you follow these instructions **carefully**. Failure to follow these instructions could result in serious complications prior to, during, or after the sedation procedure.

Prior to Appointment

No eating or drinking after midnight the night before your appointment.

Make sure to **remove** all **toenail polish**, **hair ties**, **watches**, **rings**, **necklaces** and **bracelets** before you arrive to the office. Also, please dress your child in comfortable clothing (**pajamas**) and slip on shoes, **slippers**, or sandals.

Make sure to have a child car seat to help stabilize the child in the car. Please try to have other children cared for so your child will receive your full attention. Make sure your child as gone to the restroom when they arrive in the office or bring a change of clothes.

If your child is showing signs of a cold or fever within four days before your appointment **PLEASE** call us so we can discuss the symptoms. Chances are we can still see your child, however we want to make sure so you're not making a trip to the office unnecessarily.

DO NOT give any medications to your child the morning of their treatment **UNLESS** it has been verified with the doctor as they may cause adverse reactions with sedation medications. We will check with your child's physician so we can customize medication instructions and inform you.

During Treatment

Dr. Banks or one of our trained assistants will give your child the sedative medication(s), you and your child will wait in the sedation/recovery room while it takes effect. (approximately 45min.) Initially, the medication may make your child sleepy, irritable or hyperactive, however they quickly lose their coordination so **DO NOT** let you child **walk** or **stand** unassisted after the medication is given.

Once Dr. Banks feels your child is adequately affected by the medication, an assistant will bring your child to a treatment room by carrying or assisting them while they walk. Parents are welcome in the treatment area however, due to the nature of the dental treatment involved we encourage ALL family members to remain in the reception area so Dr. Banks can give his full attention to the care of your child. With regard to young siblings please

understand that when they are in the treatment area they may see things that increase their own anxiety and perceptions of dental treatment making it difficult to care for their dental needs. A responsible adult needs to be present in the office throughout the child's complete procedure. (Approximately 45-60 minutes)

Note: Often when a child is taken into the treatment room there may by crying, shouting and other expressions of irritability. Do not be surprised. The purpose of oral sedation is not to make your child go to sleep but rather to allow the Dentist to work while your child is comfortably resting. This medication is a sedative and not a general anesthetic. These medications are primarily used to minimize the patient's long term memory of this procedure. Whether the child is awake or not during treatment, very little will be recalled on a long term basis. We realize this may be a difficult time for you and we understand your concern and anxiety. Please feel free to address our staff with any questions.

In the treatment room a monitoring device will be placed on your child's toe and a nosepiece is placed over your child's nose to supply them with both oxygen and nitrous oxide (laughing gas). This goal is to put your child in a relaxed state but to ensure an adequate amount of oxygen throughout the procedure.

Following Treatment

After you arrive home, and water is confirmed to be well tolerated, other clear liquids (water, fruit juice, Gatorade, Capri-sun, soup broth, etc.) can be given in small amounts. Please **avoid** milk, milk products and orange juice for 3-4 hours following appointment as these may upset your child's stomach.

Soft food in small quantities may be given once the local anesthetic (numbness) has worn off. (Ramen noodles, mashed potatoes, yogurt, pudding, ice-cream, pasta, etc.) However nothing too hot because your child may still not be able to differentiate a scalding temperature.

DO NOT plan or permit activities for your child for at least 6-8 hours following treatment. We recommend you keep your child closely supervised at home for the rest of the day. Every child has a different experience following treatment. Some will sleep, some will become hyperactive and others will appear to have not been affected at all. No matter what your child's reaction, the residual effects of the medicine can cause sudden loss of balance several hours after treatment so please treat your child as if he or she was under the effects of the medicine all day.

Dr. Banks and staff genuinely care about your children. If you have any questions or concerns before, during or after treatment, please don't hesitate to ask us. If your concern arises after regular business hours, you will have a 24 hour emergency number at your disposal. Please contact the office at **480-699-8082** and listen for after hour's emergency instructions. A member of the staff will return your call as soon as possible.

Patient Name		1
vatient Name		
1 4 (101) (1 1411)		

Witness initials:____

Oral sedation Checklist

Your child is to have NOTHING	TO EAT OR DRINK PAST 12AM the
night before the appointment.	
Your child must be under your disappointment to ensure that these guidelist childcare the morning of the appointment	
Your child should dress in comfor allow our staff to take your child's vital streatment.	
Please call if your child experience cold, fever or flu like symptoms.	es any changes in their health such as:
Parents are welcome in the treatmethey remain in the reception area for their can give his full attention to the care of years-60 minutes, however it may take more needs.	our child. The average treatment takes
We recommend that you bring a coday of their appointment in case they expression (vomiting and urination while not comment)	
If you will not be bringing your ch please give a copy of this page to whome	nild in to our office for their treatment, ever will be with your child that day.
I acknowledge that I have read and paragraphs and that I have received an uscopy of the document "Oral Sedation Ins	insigned copy of this page along with a
I acknowledge that I have read and paragraphs and that I have received an ucopy of the document "Oral Sedation Ins	insigned cope of this page along with a
Signature of Parent/ Legal Guardian	 Date