

## **Enteral Conscious Sedation**

**What is conscious sedation?** Enteral Conscious Sedation is a mild form of sedation that reduces anxiety for a more comfortable experience in the dental chair. The patient is given a pill about 35-45 minutes before their appointment. This medication is given in the office and you wait in the waiting room for the medication to take effect. Often this medication is given in conjunction with Nitrous Oxide (laughing gas).

**Will I be “knocked out” for me dental visit?** No. The term “conscious sedation” means that you are still awake or conscious for your procedure, although your state of consciousness is significantly altered. The depth of sedation depends on the dosage given and does not affect everyone the same way. Our goal is **not** to put you to sleep, but many people are so relaxed that they naturally fall asleep during the procedure. You retain your ability to breath on your own and can respond to verbal commands.

**Will I remember my appointment?** It depends. The medication does cause in some people “retrograde amnesia”, which means, from the time the medication is given to the time it wears off there may be no memory of what transpired, but most likely the experience will be a blur. You cannot predict ahead of time if there will be any memory of the experience.

**Can I drive myself to and from my appointment?** No. You will need to have a responsible adult above the age of 18 to drive you to and from your appointment. They will have to constantly be with you for the next 8 hrs to make sure you “come down” off the medication safely.

**Can I eat anything before my appointment?** You need to have an empty stomach to perform any sedation procedure. You cannot eat 8 hrs prior to your appointment but can have clear liquids (water, Gatorade, etc.) up to 2 hrs prior to your appointment. It is very important that you **do not eat grapefruits or grapefruit juice** within a 48 hr period before or after your appointment. You must avoid alcohol before and after your appointment.

**Who is not a good candidate for conscious sedation?** Conscious sedation is indicated for those with mild to moderate anxiety about going to the dentist. Those that have a disabling fear of dental treatment need to go under IV or general sedation. Those who take Benzodiazepines, Opiates and Bipolar medication on a daily basis will probably not sedate well. Those that have impaired renal, liver and cardiovascular function or disease are not good candidates, and those with allergies or adverse reactions to a class of drugs called Benzodiazepines.

## CONSENT FOR SEDATION

I, \_\_\_\_\_, give consent for \_\_\_\_\_ to receive dental treatment under sedation and do authorize Dr. Bryan Wall to provide the following services:

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I understand that the treatment plan may need to be altered during treatment. I authorize Dr. Bryan Wall to provide any necessary alternative or additional treatment.

The nature of the dental treatment, the risks and alternatives have been fully explained to me including the risks and alternatives of refusing dental treatment.

All patients undergoing sedation are subject to the risk of medical complications including, but not limited to: sore throat, discomfort, respiratory and cardiovascular problems and death.

I understand that the explanation of the risk and consequences that I have received is not exhaustive and that other less common risks may arise. I have been advised that these less common risks will be explained to me upon request.

I understand that the sedative medication may not make me or my child “fall asleep” and that I or my child may be awake during the treatment.

I have chosen \_\_\_\_\_ to be my escort for a 24 hour period following my sedation procedure. This individual will be responsible for monitoring my responsiveness, take responsibility for my immediate post operative care, and ensure my safety after I leave Dr. Wall’s office. This individual has been given written and verbal instructions and has had all questions answered concerning my care.

Through my signature, I acknowledge that I have read this document in its entirety and that I fully understand it. I have been given the opportunity to discuss this information and have had all of my questions answered. I request and consent to the above treatment for myself/my child.

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Patient / Parent / Guardian Signature

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Date

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Printed Name

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Escort Signature



### Sedation Medical History

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

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

List medications taken in last 48 hrs (including over-the-counter medications): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medical conditions you are currently being treated for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any changes in your medical history since your last visit to our office: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any food or drug allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Signature

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Date

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For Staff Use Only

Pre-op BP: \_\_\_\_\_ P: \_\_\_\_\_

