

Informed Consent Conscious Sedation

1. I have been informed and afforded the time to fully understand oral conscious sedation is provided to minimize anxiety and reduce restlessness during extensive dental procedures with the short acting drug, in the benzodiazepam class, Halcion (Triazolam). I understand Halcion has mild sedative and muscle relaxing properties. In a relaxed state, I will be able to communicate with the dentist while treatment is being preformed.
2. I have fully discussed my complete medical history with my dentist. Alternatives of **NO** sedation and IV have been explained. I have tried or considered these methods, but I desire oral conscious sedation.
3. I have further been informed and understand the possible risks and complications occasionally involved with oral conscious sedation including but not limited to minor conditions such as: pain, nausea, vomiting, light headedness, headache, amnesia, allergic reaction, visual disturbances: to serious adverse problems such as respiratory depression which can be fatal. I further understand and accept the risk that complications may require hospitalization. The most frequent side effects are drowsiness and nausea.
4. I understand oral conscious sedation is **not required**.
5. My dentist has explained that there is no method to predict accurately the sedation outcome. Inadequate sedation with initial dose may require undergoing the procedure without full sedation or delay the procedure for another time. I understand that oral conscious sedation is a drug induced state of reduced awareness and decreased ability to respond. Conscious sedation is not sleep. I will be able to respond. My ability to respond normally returns when the effects of the sedative wear off. Thus under sedation I will have the inability to discuss treatment options with the doctor should circumstance require a change in treatment plan. I authorize the doctor to make whatever change deemed necessary or advisable as a corollary to the planned treatment. I understand that I have the right to designate the individual who will make such a decision.
6. I will tell the doctor ALL medications (this includes prescription and nonprescription as well as multivitamins and herbal supplements) that I am taking as they can adversely interact with the sedation medications: Some of these include but are not limited to: nefazodone (Serzone); cimetidine (Tagament, Tagament HB, Novocimetine or eptol); levodopa (Dopar or Larodopa) for Parkinson's disease; antihistamines (such as Benadryl and Tavist); verapamil (Calan); diltiazem (Cardizem); erythromycin and azol antimycotics (Nizoral, Biaxin, Orporanzox); HIV drugs Indinavir and Nelfinovir, and alcohol. Of course taking recreational/illicit drugs can also cause untold reactions. Smokers may notice a decrease in the sedations ability to achieve desired results.
7. Halcion should not be ingested if you are pregnant, or breast-feeding. It should not be taken if you have kidney or liver disease, if you are hypersensitive to benzodiazepines (Valium, Ativan, Versed, etc.) or are taking any medication which adversely interacts or amplifies the effects of this medication.
8. Because Halcion is mildly sedating, it effects judgment and response time, and will make you sleepy. Therefore use of this sedation in conjunction with dental treatment requires you to be escorted to and from your appointment. You should arrange a responsible escort and confirm with them well in advance of your appointment. Your escort must remain in the vicinity of the dental office for the duration of your appointment. After your procedure you will remain mildly sedated and should rest, preferably with a companion present, as you may be unsteady and could become disoriented.
9. It is not necessary to fast prior to dental treatment with oral conscious sedation; in fact a light meal or nutritious shake is encouraged.
10. Because the effect of Halcion continues for an indeterminate period of treatment, driving or operating of any heavy equipment is prohibited for a period of 24 hours after administration.

I have had the opportunity to ask questions, and have had them answered to my satisfaction.

Signature of Patient or Guardian prior to sedation

Date

Signature of Witness

Date

Signature of Doctor

Date