



CONSENT FOR NITROUS OXIDE SEDATION

I hereby authorize the doctors at Thrive Dental & Orthodontics and their staff to perform Nitrous Oxide sedation. I hereby deny the following medical conditions, as Nitrous Oxide administration is contraindicated:

1. **Pregnancy:** Nitrous Oxide should not be administered to you if you are or may be pregnant, as it can pose a risk to the fetus.
2. **Lung Disorders:** Nitrous Oxide may pose a risk to persons with lung disorders, including, but not limited to, emphysema and chronic obstructive pulmonary disease (COPD).
3. **Bleomycin Sulfate:** Patients undergoing bleomycin treatment are predisposed to respiratory failure following exposure to high concentrations of oxygen.
4. **Congestion:** Congestion due to colds, allergies, rhinitis, etc will inhibit the gas from being inhaled and working effectively. If the patient requiring nitrous oxide is congested, we recommend rescheduling treatment to allow the Nitrous Oxide to be properly inhaled.

Initials _____

I **understand** that Nitrous Oxide is a colorless, slightly sweet gas that is used during dental treatment for anxiety relief and some pain control. When inhaled, it can induce feelings of euphoria, drowsiness, warmth, and tingling in the hands, feet, and/or mouth. In the dental setting, Nitrous Oxide will produce a sedative effect but not unconsciousness; patients are able to swallow, talk, cough, and breathe without assistance, as needed. The doctor has explained to me the alternatives to Nitrous Oxide sedation include no sedation, IV sedation, and general anesthesia, all of which entail their own risks. As with any medication, the administration and performance of conscious sedation with Nitrous Oxide carries certain risks and potential unpleasant side effects which, although infrequent, may occur. These risks include, but are not limited to the following:

1. **Nausea and vomiting:** This is the most frequent effect of Nitrous Oxide sedation, but its frequency is still quite low. It is important to tell the doctor, hygienist, or assistant when discomfort occurs; the level of Nitrous Oxide can be adjusted to minimize this side effect.
2. **Behavioral problems:** Some patients may become difficult to treat because of their excessive talking or experience of vivid dreams associated with physical movement of the body. In this case, administration of Nitrous Oxide will be stopped.
3. **Excessive perspiration or phlegm:** Sweating may occur during the procedure and you may become somewhat flushed during administration of Nitrous Oxide. You may feel like you have excessive mucus or saliva production. Removal of secretions may be difficult, but can be controlled by use of suction tip.
4. **Weak or No Effect:** Like all medications and drugs, the effectiveness of Nitrous Oxide varies person to person. Certain individuals may only feel a weak effect or none at all. This cannot be predicted unless there is a previous history of Nitrous Oxide use.

Initials _____

5. **Shivering:** Although uncommon, shivering can be quite uncomfortable and usually develops at the end of the sedative procedure when the Nitrous Oxide has been terminated.
6. **Delayed Recovery Time:** Recovery time from Nitrous Oxide is usually very short, but may be prolonged in some people. In the case of delayed recovery time, we will require that you remain in the office until you feel better, or have you call a friend/family member to ensure that you arrive home safely.

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of Nitrous Oxide, and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any. No guarantees or promises have been made to me concerning the results of treatment to be rendered to me. The fees for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize the doctors at Thrive Dental & Orthodontics to render any treatment necessary or advisable to my dental conditions.

Patient's Name (please print)

Signature of Patient, Legal Guardian, or Authorized Representative

Date

Witness' Signature

Date