

ALAMEDA PEDIATRIC DENTISTRY
PHONE (510) 521-5016
PLEASANTON PEDIATRIC DENTISTRY
PHONE (925) 846-5437

INSTRUCTIONS FOR SEDATION

Our main concerns are to provide high quality care and a positive dental experience for your child. Sedation is sometimes recommended in order to help reach these goals by making the dental visit as easy and as comfortable for your child as possible. Sedation usually involves the use of one or several drugs individually tailored to your child's needs. Use of sedation will generally help relax, relieve fear and anxiety, and sometimes forget about the treatment being rendered. Though *we do not* "put children to sleep", they often nap lightly.

To help insure a successful sedation appointment, your understanding and cooperation of the following is necessary.

Healthy child: If your child develops a runny nose, a cough, or a cold, the appointment may have to be postponed. Please call immediately as we may have to reschedule when your child is well.

Morning appointments: Children requiring sedation must be appointed in the morning after your child has had a restful sleep.

Arrival at our office: Since sedative drugs require time to be effective, we will ask you to arrive at our office early so we may give the appropriate medication. Your child should be encouraged to go to the bathroom at home or at the office before treatment. Please be on time or early. We often cannot accommodate late arrivals due to the time required for the medication to work. Early arrival also gives your child the opportunity to relax and get comfortable.

No eating or drinking before appointment: To help absorption of the drugs and minimize nausea and vomiting, your child should not have anything to eat or drink before the sedative drugs are given.

Comfortable clothing: On occasion, it will be necessary to restrain your child for treatment. We use a papoose blanket, commonly used in the hospital for short procedures, to accomplish this goal. Because the papoose is like a blanket, the children feel warm and secure and quite often quiet down once they feel secure. This blanket is also used for your child's protection so he/she will not hurt themselves during treatment. It is best to dress your child in comfortable clothing such as pajamas, a sweat suit or play clothes, for this procedure.

Favorite toy or blanket: It is often relaxing for your child to bring a favorite toy or blanket to use while the medication is taking place.

Other children and appointments: Since an adult must be with your child during the time required for the medication to sedate your child, the company of other siblings and the scheduling of other appointments or errands is not advisable. Oftentimes, your child is at our office for two or three hours.

Supervision after the sedation: Since your child will be drowsy for two to six hours after the appointment, **SUPERVISION** by an adult must be arranged. Your child should be encouraged to drink liquids and to continue resting. Use of nitrous oxide and oxygen analgesia

mask that fits over the nose, eye protection, mouth opening devices and other dental devices may have caused facial skin drying and irritation. Skin cream should be applied routinely as well as Vaseline to the lips and nose. Since the lips and tongue may continue to be numb, your child should not be allowed to chew or bite for at least two hours after returning home.

Reactions of child: The sedative drugs given enable your child to be very receptive to positive and rewarding communication. Praise and good feelings are encouraged after the sedation. A child often attempts to prevent the effect of the drugs and may become excited during the first half hour after the drug is given. This is a natural reaction of a child and should not embarrass the parent or child.

Because of a child's inability to cooperate and easy distraction, parents are sometimes asked to leave the treatment room. Children often cry when initially separated from their parent. Please don't be alarmed as this is normal behavior and they usually settle down once we get them comfortable. Please also don't be alarmed if you hear your child cry during treatment as again, we are not putting them to sleep-only relaxing them and even though they may cry, they are usually cooperative. Thank you for your patience and understanding.

REMEMBER PLEASE

- Morning appointment after a restful nights sleep.
- Please be on time for your appointment or plan to arrive early. This will assure us of enough time to properly treat your child and they will be more relaxed.
- No food or drink after **midnight** and the **morning** of their appointment.
- Supervision by a responsible adult is a requirement before and after sedation.
- Behavior of your child will be altered.
- Do not give your child any medicines before or after the sedation appointment unless your physician has prescribed them and Dr. Perry, Dr. Thenard, Dr. Ngo and Dr. Katheria have been informed.
- Notify us if there is a change in health prior to your appointment.
- Do not plan further activities for your child on the day of his/her dental treatment. Allow your child to rest and plan to make the day quiet and relaxed.

MONITORING

Your child's respiration and heart rate will be monitored throughout the procedure by a pretrachial stethoscope taped to your child's chest. This stethoscope is attached to an earpiece worn by Dr. Perry, Dr. Thenard, Dr. Ngo and Dr. Katheria. We also monitor oxygen saturation and heart rate using the latest technology in pulse oximetry. To do this, we must tape a comfortable clip to your child's finger or toe. At no time is your child left unattended during treatment.

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Your child must be watched closely for the next few hours. Please follow our recommended guidelines.

SYMPTOMS

The symptoms that your child may experience after the treatment are as follows:

- Grogginess, tiredness, sleep
- Dizziness and lack of coordination
- Young children tend to be cranky because they fight being tired
- Itchy nose

These symptoms will last 2-6 hours after leaving the office.

Watch for lip/cheek/tongue biting or picking at the face due to the numbness from the local anesthetic.

Your child's stomach may feel upset for the next few hours. If vomiting occurs, keep your child's throat clear by holding the head down or to the side during vomiting.

The child's temperature may be elevated to 101°F/38°C for the first 24 hours after treatment. Tylenol every 3-4 hours and fluids will help alleviate this condition.

Temperature above 101°F/38°C is cause to notify this office.

GETTING HOME

Please use proper restraint for your child when driving home (car seat or seat belts). We **strongly recommend** you to bring a second responsible person to watch your child in the car while driving home. Do not allow your child to sleep with the chin dropped down towards the chest-this could prevent adequate breathing.

AT HOME

Keep your child awake for two hours following the appointment. Your child may be disoriented and stagger while walking for the next few hours. Watch closely and do not leave your child unsupervised for the rest of today. After the 2 hours, if your child wants to take a nap, make sure to check on him/her occasionally. Do not allow your child to sleep with the chin dropped down towards the chest-as this could prevent adequate breathing. Your child should be able to return to school or day-care the next day.

ACTIVITIES

If your child goes home and doesn't take a nap, do not be concerned – each individual child acts differently.

Closely supervise any activity if your child does not nap.

Extra care is necessary. Do not allow your child to engage in active play (running, jumping, climbing, going outside, etc.). Make the day of the appointment quiet and relaxed.

Do not send your child to school the day of his/her appointment.

EATING AND DRINKING

Since we requested that you not feed your child after **midnight** and the **morning** of his/her dental appointment, he/she may be hungry.

Delay solid foods until the numbness from the local anesthetic wears off. When a child is numb, he/she may play and chew on his/her lips, cheeks and tongue. Watch him/her carefully until the numbness wears off. After treatment, the first drink should be plain water in small quantities. Clear liquids can be given next (ie: apple juice, white grape juice). Small drinks taken repeatedly are preferable to taking large amounts. Soft food, not too hot, may be taken when desired. Avoid rich and heavy food for the day.

WHEN TO SEEK ADVICE

1. If vomiting persists beyond four (4) hours.
2. If the temperature remains elevated beyond 24 hours or goes above 101° F/38°C.
3. If there is any difficulty breathing or your child is exceptionally drowsy today, call the main office at (510) 521-5016. If Dr. Perry, Dr. Thenard, Dr. Ngo and Dr. Katheria cannot be reached immediately, you should seek emergency medical assistance.
4. If any other matter causes you concern.

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CONSENT FOR USE OF SEDATION

I, _____, as the legally responsible parent/guardian of _____, give my consent to the use of local anesthetics and sedative drugs as deemed appropriate by the judgment of Dr. Perry, Dr. Thenard, Dr. Ngo and Dr. Katheria so as to enable to render necessary dental treatment as indicated on the child's examination chart, as previously explained to me.

The vast majority of sedation appointments go smoothly and without complication; however, you must be advised that there are risks associated specifically with any sedation procedure.

I have been informed and understand that occasionally, there are complications of the treatment drugs, or anesthetic agents; including but not limited to: numbness, infection, discoloration, nausea, vomiting, aspiration, allergic reactions, breathing difficulties or brain damage. I further understand and accept the complications may require medical assistance or hospitalization and may even result in death.

I acknowledge the receipt of and understand the sedation instructions. The treatment and sedation procedures have been explained to me, to my satisfaction, along with possible alternative methods and their advantages and disadvantages. I am advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated and that, therefore, there can be no guarantee as expressed or implied whether as to the result of the treatment or as to the cure.

In order to protect my child from harm during treatment, I understand it may be necessary to give my permission for Dr. Perry, Dr. Thenard, Dr. Ngo and Dr. Katheria and/or the staff to physically restrain my child during treatment by either a papoose blanket or by physically holding the child to assure his/her safe treatment and care.

If you have further concerns or questions about sedation, please ask. With your cooperation, we anticipate your child's sedation experience to be a pleasant one.

I have read and understand the above, including the risks of treatment and treatment refusal and have no further questions to ask.

David M. Perry, D.D.S. Sharine V. Thenard, D.D.S., M.S.
MyLinh Ngo D.M.D. Binita C. Katheria, DDS, MSD

Legally responsible parent/guardian: _____

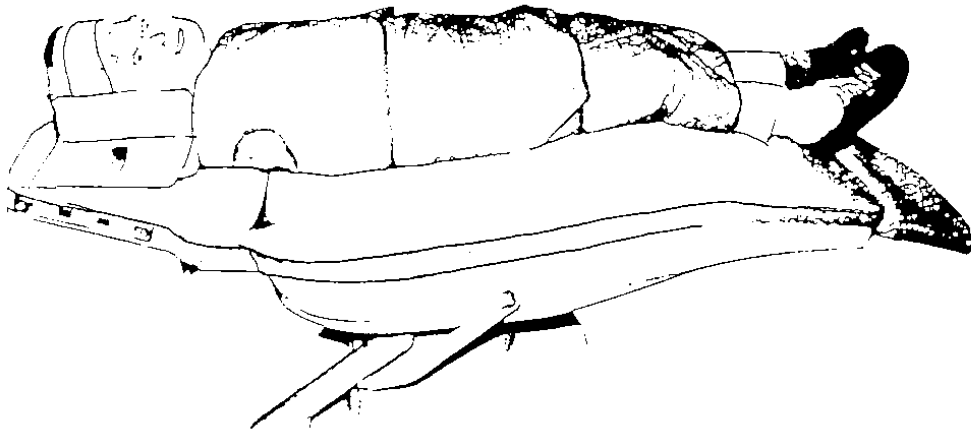
Date: _____

Witness: _____ -

CONSENT FOR THE USE OF PAPOOSE BOARD

It occasionally becomes necessary, in pediatric dentistry, to control excessive head, arm and leg movements in order to provide safe, comfortable and quality dental treatment. These patients are usually very young, fearful and may be moderately disabled.

A technique, which we use for immobilizing these special children, is the Papoose Board (sleeping bag) and one or more seat or safety belts. The child's ability to breathe is not affected by the use of this.



We will be happy to answer any questions you have. By signing below, you state that you give permission to Dr. Perry, Dr. Thenard, Dr. Ngo, Dr. Katheria and staff to use the Papoose Board and its accessories for treatment of your child. This agreement and consent shall remain in force, unless withdrawn in writing by the person who has signed below on behalf of the minor patient.

Thank you for taking the time to read and sign this document.

Print Patient's Name

Print Your Name

Patient's Age

Your Signature

Print Witness' Name

Your Relationship to Patient

Witness' Signature

Today's Date