

## INFORMED CONSENT FOR CONSCIOUS SEDATION

The purpose of this document is to help patients understand conscious sedation & provide permission for its use during chair side dental procedures. Carefully read the form & provide us your consent.

1. I understand that the purpose of conscious sedation is to receive the necessary care more comfortably. Conscious sedation is not always necessary to provide the necessary dental care. I understand that conscious sedation has limitations & risks & absolute success cannot be guaranteed.
2. I understand that conscious sedation is a drug induced state of reduced awareness & decreased ability to respond. Conscious sedation is not sleep. I will be able to respond during the procedure. My ability to respond normally returns when the effect of sedatives wears off.
3. I understand that my conscious sedation will be achieved by intravenous route & will be administered by a person who is properly trained to manage even deep sedation.
4. I understand that the alternatives to conscious sedation are:
  - Without sedation: Procedure done under local anesthetic with the patient fully aware.
  - Anxiolysis: Taking a pill to reduce anxiety & fear.
  - General anesthesia.
5. I understand that there are risks or limitations to all procedures. For sedation these include:
  - Paradoxical sedation: Where I will get more excited rather than sleepy.
  - Hiccups & itching at the site of injection.
  - Thrombophlebitis (inflammation of the vein).
  - A typical reaction to drugs that may require emergency medical attention such as altered mental states, physical reactions, allergic reactions and other sicknesses.

6. If, during the procedure, a change in treatment is required, I authorize the doctor & operative team to make whatever change they deem in their professional judgment if necessary. I understand that I have the right to designate the individual to make such a decision.
  
7. I have the opportunity to discuss conscious sedation & have my questions answered by qualified personnel including the doctor. I also understand that I must follow all the recommended treatments & instructions of my doctor.
  
8. I understand that I must notify the doctor if I am pregnant, or lactating. I must notify the doctor if I have sensitivity to any medication, my present medical & physical condition, if I have recently consumed alcohol & if I am presently on psychiatric mood altering drugs or other medications.
  
9. I will not be able to drive or operate machinery when on sedatives for 24 hours after my procedure. I understand I will need to have arrangements for some responsible adult to drive me to & from my dental procedure while on sedatives.

**I have understood the procedure & have followed the instructions given to me earlier & hereby give my consent for conscious sedation in conjunction with my dental care.**

Name of the patient

Attendee's name & relationship

Signature (parents in case of minor)

Signature

**Name of the hospital/Clinic:**

Date with time: