

I.V. Sedation Appointment Information

HISTORY & PHYSICAL-*only needed upon Dr. Wilson's recommendation*

1. Once an I.V. sedation appointment has been decided upon, Dr. Wilson or an assistant will give you a health history and physical assessment form. This is a brief check-up to be filled out by your child's pediatrician or family doctor. This form helps us determine if there are any unusual medical risks when sedating your child.
2. Once the H&P is filled out completely, it can be faxed into our office at 901-759-0904 or you can bring it in to us. As soon as the H&P is received back we can schedule your child's appointment.

CHARGES

Charges for the I.V. Sedation vary depending on the length of surgery and the amount of work that needs to be performed. Charges for I.V. Sedation are broken into 4 parts:

Medication Fee

Due to the high demand for IV sedation appointments and the limited amount of spots we have available weekly, there is a \$75 fee required to hold your child's appointment. This fee is due **before** scheduling your appointment and will go toward your medication costs for the sedation. If our office is not notified 48 hours in advance of cancellation your fee will then become non-refundable.

Anesthesia

Charges for the anesthesia are as follows:

1-60 minutes: \$250
For every 15 minutes after is \$50

The above anesthesia costs are fees that reflect the dental time required to complete treatment. If the treatment changes and more time is required, this may effect the anesthesia fees.

**PAYMENT FOR THE ANESTHESIA PORTION OF THE SURGERY IS REQUIRED
IN FULL AT TIME OF SERVICE**

Facility Fee

As part of the cost of anesthesia there is a \$100 facility fee that covers supplies, equipment, use of the facility, specialized training, and overhead costs. This is a standard fee that is required for all I.V. Sedation patients.

PAYMENT FOR THE FACILITY FEE IS REQUIRED IN FULL AT TIME OF SERVICE

Dental Treatment

The pricing for dental treatment varies depending on the patient. If you have questions about the cost of your child's treatment, please contact our office and we can assist you.

DURING YOUR CHILD'S SEDATION

Parents aren't allowed in the operatory during the procedures. They are asked to remain in the waiting room until the work is completed. This allows us to work quickly without distractions.

Before Your Child's I.V. Sedation

Dr. Wilson has recommended sedation for your child to promote cooperation and relaxation during dental treatment. Anesthesia (causing your child to go to sleep) will be done by Preferred Anesthesia Services LLC, with the dental surgery performed by Dr. Wilson.

-MEDICATIONS

- For medications that are taken regularly, discuss with Dr. Wilson or the nurse anesthetist whether to take the medicine or not the day of the appointment.

-CHANGE IN HEALTH

- A change in your child's health may be very important, especially development of a cold, fever, cough or runny nose within 3 days prior to the appointment day. Please inform our office of any change in health so that we may discuss with you whether or not another appointment is necessary.

-CLOTHING

- Please dress your child in loose fitting clothing like sweats or pajamas. Short sleeves are preferred. If the patient is newly potty trained or has a history of bed wetting, please dress the patient in a diaper.

-ACTIVITY

- Plan the child's sleep and awakening times to encourage the usual amount of sleep the day before the sedation appointment.
- Allow your child to use the restroom before surgery.
- A parent or legal guardian **MUST** bring the child to the appointment.
- Please arrive 15 minutes early.

-REASON TO CALL THE DOCTOR PRIOR TO APPOINTMENT

1. Your child is sick
2. Your child has a runny nose or cough.
3. You have further questions.

-DIET GUIDELINES

- Please adhere to the guidelines set forth in the following section. Failure to adhere to these rules may result in your child's appointment being rescheduled.

FOR FURTHER QUESTIONS OR CONCERNS,
PLEASE CALL OUR OFFICE AT (901)759-0970.

DIET GUIDELINES...FOR YOUR CHILD'S **SAFETY**

It is extremely important to follow the diet guidelines for your child starting the night before their I.V. sedation. Failure to follow these instructions can result in postponing or canceling their operation.

It is necessary that NO SOLID FOOD BE GIVEN TO CHILDREN ON THE DAY OF SURGERY due to its unreliable clearance from the stomach. Patients who have eaten solid food, or have not followed the recommendations below, will most likely be postponed or cancelled.

If your child's age is:

0-3 months:

- Infants in this age group may be given formula up to 6 hours before the time you were told to arrive at our office. (For example: If you were instructed to arrive at 9 am, the last time your infant can be breast fed or have formula would be at 3 am. Then nothing more.)
- Infants in this age group may have breast milk 4 hours before you arrive at our office. (For example: If you were instructed to arrive at 9 am, the last time your infant could have breast milk would be at 5 am. Then nothing more)
- Infants in this age group may have water, sugar water or apple juice 3 hours before you arrive at our office. (For example: If you were instructed to arrive at 9 am, the last time your infant could have water or apple juice would be at 6 am. Then nothing more)

3 months – 7 years:

- Children in this age group are to have **no solid food after midnight** the night before their operation.
- Children in this age group may have clear liquids up to 3 hours before you were instructed to arrive at our office. (For example: If you were told to arrive at 9 am, the last time your child could have clear fluids would be 6 am. Then nothing more.)

7 years – 21 years:

- Children in this age group are to have **no solid food or liquid after midnight** the night before their operation.

If your baby is on formula, the last formula feeding must be 6 hours prior to the time you arrive at our office. Clear fluids, such as sugar water may be given up to 3 hours before you arrive at our office. No gum, hard candy or mints from the midnight before the surgery.

CLEAR LIQUIDS INCLUDE: Water, sugar water, Pedialyte, pulp-free apple juice and pulp-free **white** grape juice. **Orange juice and milk are not clear liquids.**

AFTER YOUR CHILD'S I.V. SEDATION

Children respond to sedation in their own way, but the following guidelines will help you know what to expect at home.

YOUR CHILD MAY EXPERIENCE THE FOLLOWING:

- Alert one minute, then drowsy or sleepy the next. Sleepiness may last 4-8 hours
- Dizziness and/or lack of coordination
- Occasional irritability throughout the day
- Poor appetite for a few hours
- Nausea and/or vomiting
- Sleep problems, including nightmares, inability to sleep at bedtime
- Mood swings and hallucinations

GOING HOME FROM THE DENTAL OFFICE

- Your child will not be able to walk well, so we suggest that you carry your child to the car or around the office.
- Young children must be restrained in a car safety seat. Be sure to be aware of how they are sitting and do not allow their chin to rest on their chest, this could close the child's air way. Keep their head upright while driving in the car.
- Older children must be restrained by a seat belt, and should be assisted into your home by two people.

DIET RESTRICTIONS

- Do not feed your child until he/she is completely awake
- Nausea is common following procedures done under anesthesia. For this reason, we recommend NOT giving your child food or drink until they ask for it.
- Start with clear liquids and slowly progress to soft foods. Begin with a sip of water, if they are nauseated with this wait 45 minutes and try again. Once they can hold the water down you can advance their diet slowly.
- If nausea persists for 24 hours after your child's appointment, please call our office for further instructions.

TREATING PAIN AND FEVER

- Avoid medications which contain aspirin
- Use **Children's Tylenol, Children's Motrin or Children's Advil**. Follow the dosage instructions carefully on the bottle and do not exceed.
- Sensitivity, tenderness or pain can be expected after treatment.
- Tenderness and bruising at the IV site is possible. This can be alleviated, if uncomfortable, with warm, moist heat.
- If pain is expected, Dr. Wilson will prescribe and give directions for postoperative pain medications.

WHEN TO CALL THE DOCTOR

- Breathing problems
- Frequent nausea or vomiting
- Prolonged weakness or sleepiness
- Prolonged bleeding, severe pain or swelling

Consent for Anesthesia

I hereby authorize and give consent to Preferred Anesthesia Services LLC to perform the anesthesia explained to me, and any other procedure deemed necessary or advisable relative to the planned anesthesia and administration of such anesthetics (from local and general) by any route that is deemed suitable by your dentist and nurse anesthetist. It is the understanding of the undersigned that Preferred Anesthesia Services will have full charge of the administration and maintenance of the anesthesia.

I fully understand that there is a possibility of surgical and/or medical complications of the drugs and anesthesia during or after the procedure. I understand that the risks of the procedure(s) include, but are not limited to bleeding, infection, nerve injury, blood clots, allergic reactions, soreness of the mouth, lips, gums and teeth, numbness, fever, nausea and vomiting. I understand that sedation risks include, but are not limited to infection, bleeding, nerve injury, blood clots, allergic reactions, pneumonia, aspiration, soreness of the mouth and nose, numbness, fever, nausea, vomiting, altered heart and breathing rate, brain damage, or death. These risks may imply serious, possibly fatal, consequences, however these severe consequences are rare.

I understand that no guarantee or assurance has been made as to the ultimate result of the procedure and have been provided with an explanation of alternatives to treatment and understand the risks of not being treated for the dental condition.

Complications may ensue if instructions of not eating or drinking for a specific interval prior to the dental appointment are not followed.

I authorize the dentist and nurse anesthesiologist to use their best judgment in managing unforeseen conditions which might unexpectedly arise during the course of sedation and the planned dental procedures.

I have carefully read and fully understand this consent form and in addition have had all of my questions in regard to the sedation to be administered, the outlined risks, and side effects answered. **I do hereby give my free and voluntary informed consent to the same.**

Date

Time

Patient Name

Date of Birth

Parent or Legal Guardian Name (Please Print)

Parent or Legal Guardian Signature

Witness to Signature

Date

**CONSENT FOR DENTAL TREATMENT WITH IN-OFFICE IV
SEDATION/GENERAL ANESTHESIA**

I have been informed of and fully understand the dental procedure(s) necessary to treat my child. Even though I have been given an estimate, I understand that the treatment length and cost may vary once the treatment begins (treatment variation will be discussed with the parent/guardian as quickly as possible without interfering with treatment).

I consent to the administration of sedatives/general anesthetics for (name) _____ by Preferred Anesthesia Services LLC in conjunction with the dental procedure with Dr. Courtney Wilson. I acknowledge that Dr. Wilson has explained to me that the sedatives/general anesthetics will be given to reduce the fear, anxiety or pain associated with the procedure and/or to limit physical activity so my child's dental treatment can be done.

The alternatives to the use of in-office sedation/general anesthesia drugs, as well as advantages and disadvantages of each alternative have also been explained to my satisfaction.

I fully understand there is a possibility of surgical and/or medical complications developing during or after the procedure and that these may include but are not limited to: adverse reaction to the sedative/anesthesia agents, nausea, vomiting, or atypical physiological response that may require hospitalization, further surgical procedures, disability, cardiac or respiratory arrest, aspiration, permanent or temporary nerve damage, damage to the airway, brain damage, life threatening conditions or death.

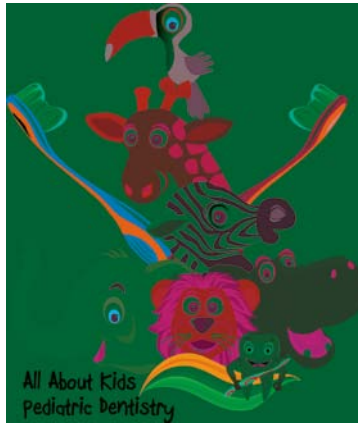
I acknowledge that all the question I have asked concerning today's treatment have been answered to my satisfaction.

I am giving my full and informed consent to treatment to be rendered as described to me including any treatment based on new findings during the procedure.

Child's Name _____ Relationship _____

Signature of parent/guardian _____ Date _____

Witness _____ Date _____



Your Child's I.V. Sedation



Appointment Information



Before Your Child's Sedation



Diet Guidelines



After Your Child's Sedation

