

**Date:** \_\_\_\_\_ **Blood pressure:** \_\_\_\_\_ / \_\_\_\_\_ **B:** \_\_\_\_\_

**Authorization for treatment with intravenous moderate sedation**

1. I, \_\_\_\_\_, hereby consent to undergo the following dental treatment or procedure with intravenous sedation: \_\_\_\_\_

2. This treatment is to be performed by Dr Olivier Julien. I authorize the treating dentist to request the assistance of other dentists or physicians as he/she may deem necessary.

3. The anticipated nature, effects, risks (not limited to: possible bleeding, pain, discomfort, temporary or permanent loss of sensation, dry socket, sinus problems) of what is proposed and options to the proposed treatment have been explained to me by Dr. Olivier Julien and I confirm I understand the explanation.

4. I have had an opportunity to ask questions and these have been answered to my satisfaction.

5. I also consent to such additional or alternative treatment as in the opinion of Dr Olivier Julien are deemed immediately necessary during the course of the aforementioned treatment and to the administration of intravenous moderate sedation as necessary.

6. I have had an opportunity to discuss with the treating dentist my medical and health history including any serious problems, injuries and medications.

7. For women of child bearing age: I understand that I must not be pregnant at the time of the procedure as any medications may pose a risk to a fetus. I have had the opportunity to inform Dr. Olivier Julien of any possible pregnancy so that my appointment can be rescheduled following my pregnancy or so that an alternate treatment plan can be considered.

8. I state that I read and write in English. **I will arrange for an escort to stay in the dental office waiting room and to drive me home** and I am aware that I will be legally impaired with altered judgement and coordination for at least 24 HOURS following this procedure. It is mandatory that the responsible adult stays with me until full recovery from the sedation and I am capable of taking care of myself. I agree not to operate any vehicle or hazardous device until twenty-four hours have passed or longer if I remain drowsy.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TÉMOIN

\_\_\_\_\_  
RESPONSIBLE ADULT

\_\_\_\_\_  
PHONE #

## Instructions for IV Sedation

Please review these instructions completely during the week before your appointment.

### Before Sedation:

1. Do not eat solid foods for a minimum of 8 hours prior to your appointment.
2. In an ideal scenario, it is strongly recommended to not smoke (tobacco, marijuana, cannabis derivatives, vaping) for 5 to 10 days **prior** to your IV sedation appointment as smoking can negatively affect the effects of the sedation medication.
3. Clear fluids (water, clear fruit juice without pulp, carbonated beverages, clear tea, black coffee, no alcohol) are allowable up to 2 hours prior to your appointment. A good rule of thumb: if you can't see through it, don't drink it.
4. Do not take anything by mouth (other than your medication) in the 2 hours prior to your appointment. *(Very rarely the medications we use cause some nausea. It is important to arrive to your appointment with an empty stomach since vomiting while sedated is dangerous.)*
5. Wear comfortable, loose fitting clothing with short sleeves. You may be unsteady on your feet after the appointment, so wear flat shoes.
6. Please advise our office of any changes in your health such as a fever or flu-like symptoms prior to your appointment.
7. You must be accompanied home by a responsible adult. It is mandatory that the responsible adult stays with the patient until full recovery from the sedation and he/she is capable of taking care of him(her)self.
8. It is necessary for you to pay for your appointment and sign any paperwork before you are sedated. Please come prepared.
9. Please remove your contact lenses before coming to the office.
10. Please remove all nail polish/press-on nails before coming to the office as they can interfere with our monitoring equipment.
11. For women of child bearing age: You must not be pregnant at the time of the procedure as any medications may pose a risk to a fetus. You must inform us if you think you may be pregnant so that your appointment can be rescheduled following your pregnancy or so that an alternate treatment plan can be considered.

During Sedation:

1. We will need access to your upper arm and fingers to attach monitors which will measure your blood pressure, heart rate and oxygen saturation continuously during the sedation.
2. The IV will usually be started in the back of your hand or the inside of your elbow.
3. This is not a general anaesthetic: you will not lose consciousness, you will be able to communicate with the dentist, you will be able to respond to instructions from the dentist. *(Though this is not a general anaesthetic, IV moderate sedation allows you to be comfortable and very relaxed, and you may even fall asleep. Many patients remember very little to none of their appointment or their trip home.)*

After Sedation:

1. You must be accompanied home by a responsible adult. You cannot take a bus home, and if you go home by taxi you must be accompanied by a responsible adult in addition to the taxi driver. It is mandatory that the responsible adult stays with the patient until full recovery from the sedation and he/she is capable of taking care of him(her)self.
2. You may be given additional prescriptions at the end of your appointment. Please ensure the person accompanying you can fill your prescription for you.
3. Do not drive, operate hazardous machinery, make important decisions, drink alcohol or take any sleeping pills for a minimum of 24 hours after sedation, longer if drowsiness or dizziness persist.
4. Drink plenty of fluids following your appointment (no alcohol for 24 hours), and you may eat a meal of soft, low fat foods immediately after your appointment. It is important to have food in your stomach before taking antibiotics or pain medication.
5. You may experience bruising, irritation, or tenderness in the injections site(s) in your arm and/or hand. If so, apply alternating cool and warm compresses to the area to help reduce symptoms. Notify our office immediately if you have excessive pain or swelling in these areas.

IV moderate sedation is a powerful technique we commonly use to tackle dental anxiety. Doing so will allow you to move forward with the plan you have developed with your dentist and help you achieve your dental goals.

## Post-Sedation Instructions

1. You must be accompanied home by a responsible adult. You cannot take a bus home, and if you go home by taxi you must be accompanied by a responsible adult in addition to the taxi driver. It is mandatory that the responsible adult spend the entire day with you until you are able to take care of yourself.
2. You may be given additional prescriptions at the end of your appointment. Please ensure the person accompanying you can fill your prescription for you.
3. Do not drive, operate hazardous machinery, make important decisions, drink alcohol or take any sleeping pills for a minimum of 24 hours after sedation, longer if drowsiness or dizziness persists.
4. Drink plenty of fluids following your appointment (no alcohol for 24 hours), and you may eat a meal of soft, low fat foods immediately after your appointment. It is important to have food in your stomach before taking antibiotics or pain medication.
5. You may experience bruising, irritation, or tenderness in the injections site(s) in your arm and/or hand. If so, apply alternating cool and warm compresses to the area to help reduce symptoms. Notify our office immediately if you have excessive pain or swelling in these areas.

Questions about your sedation? Contact [Dr. Sacha Singh 613-614-0215](tel:613-614-0215)

For any additional information, you can reach us at [613-749-1785](tel:613-749-1785).