



DAVIS PEDIATRIC DENTISTRY

PRE-APPOINTMENT INSTRUCTIONS
MODERATE SEDATION FOR DENTAL PROCEDURES

Patient Name:

Date of Birth:

Chart Number:

We have recommended moderate sedation for your child's dental procedures. Moderate sedation can help increase cooperation and reduce anxiety associated with dental treatment. Medicines will be selected based upon your child's overall health, level of anxiety, and dental treatment recommendations. Once the medications have been administered, it may take 20-60 minutes before your child shows signs of sedation and is ready for dental treatment. Most children become relaxed and/or drowsy and may drift into a light sleep from which they can be aroused easily. Unlike general anesthesia, moderate sedation is not intended to make a patient unconscious or unresponsive. Some children may not experience relaxation but an opposite reaction such as agitation or crying. These are common responses to the medicines and may prevent us from completing the dental procedures. In any case, our staff will observe your child's response to the medications and provide assistance as needed.

You, as parent/ legal guardian, play a key role in your child's dental care. Children often perceive a parent's anxiety which makes them more fearful. They tolerate procedures best when their parents understand what to expect and prepare them for the experience. If you have any questions about the sedation process, please ask. As you become more confident, so will your child.

For your child's safety, you **must** follow the instructions below:

Prior to your child's sedation appointment:

Eating and Drinking

- Food and liquids must be restricted in the hours prior to sedation. Fasting decreases the risk of vomiting and breathing/ aspirating stomach contents in to the lungs, a potentially life-threatening problem. **We will not proceed with the sedation if you do not comply with the following requirements:**
 - Do not eat 6 hours prior to appointment ((i.e. no solid foods, crackers, eggs, toast or breads of any kind)
 - Do not drink 4 hours prior to appointment anything that cannot be seen through. (i.e. no milk, breast milk, formula, or orange juice)
 - Your child may have clear liquids up to 2 hours before the procedure (i.e. tea, water, apple juice, clear broth)

Change in health

- Please notify our office of any change in your child's health and/or medical condition. Fever, ear infection, nasal or chest congestion, or recent head trauma could place your child at increased risk for complications. Should your child become ill within **3 DAYS PRIOR** to a sedation appointment, contact our office to see if it is necessary to postpone the sedation. Most illnesses will require that the procedure is rescheduled.

Clothing

- Dress your child in loose-fitting, comfortable clothes, including a **SHORT-SLEEVED SHIRT or BUTTON DOWN IN FRONT**. No contact lenses; no black or brown nail polish; no jewelry. This will allow us to place monitors that evaluate your child's response to the medications and help ensure your child's safety. These monitors may measure effects on your child's breathing, heart rate, and blood pressure.
- Please bring an extra change of clothes (including underwear/ diaper) the day of the scheduled procedure.

Medications

- Tell us about any prescribed, over-the-counter, or herbal medications your child is taking. Check with us to see if routine medications should be taken the day of the sedation. Also, report any allergies or reactions to medications that your child has experienced.

Arriving

- Plan to arrive **30 to 60 minutes before** your child's appointment so that pre-operative sedation medication can be given at the appropriate time.
- Try not to bring other children to this appointment so you can focus your attention on your child undergoing the sedation

Activities

- Detailed instructions will be given after treatment is complete. **DO NOT** plan or permit activities for your child after treatment. Allow your child to rest. Keep your child home from school and closely supervise activities for the remainder of the day, especially activities such as stair climbing. If your child wants to sleep, avoid the use of pillows.

Transportation

- If you will be traveling home by automobile or if you must bring any other children with you to this appointment, it is strongly suggested to have **2 adults accompany the patient home**. On the way home, one individual should be able to observe the child’s breathing without any distractions, especially if the patient falls asleep while in the car or safety seat.

Late Cancellations or Not showing for your Appointment

- We have reserved 2 to 4 hours of office time for your child’s appointment. If you are unable to keep any appointments, please call your Davis Pediatric Dentistry dental clinic to cancel or reschedule.

During the sedation appointment:

- If any sedation medications are administered before your child is taken to the treatment room, we will ask you to watch your child closely as he/she may become sleepy, dizzy, unsteady, uncoordinated, or irritable. You will need to remain next to your child to prevent injuries that may occur from stumbling/falling. Keeping your child calm but distracted from the unfamiliar surroundings often is helpful.
- You, as the child’s parent/ legal guardian, must remain at the office throughout the sedation appointment. You may not leave the office for any reason.
- The pediatric dentist and staff will evaluate your child’s health status before he/she will be discharged home. Children recover from the effects of sedation at different rates so be prepared to remain at our office until the doctor has determined your child is stable and the after-effects are minimal. At discharge, your child will be responsive but may be drowsy, crying, or fussing.

IT IS IMPERATIVE THAT THESE INSTRUCTIONS ARE FOLLOWED CAREFULLY.

IF YOU HAVE ANY QUESTIONS RELATING TO YOUR CHILD’S TREATMENT, PLEASE CALL OUR OFFICE AT (520) _____. AFTER HOURS, CONTACT DR. _____ AT _____.

I have received a copy of the PRE-APPOINTMENT INSTRUCTIONS.

I have been told that **MODERATE SEDATION** will be administered to my child and fully understand the nature of the procedure and all risks/ benefits and alternatives involved with **MODERATE SEDATION**.
I have read and understand these instructions.

WITNESS	DATE	SIGNATURE OF PATIENT/PARENT/GUARDIAN	DATE
SIGNATURE OF DENTIST	DATE		

TRANSLATION REQUIREMENTS *(If the consenting party is unable to read or is unable to understand English)*

I hereby certify that I have read or verbally translated or have had translated the foregoing consent for the consenting party in the presence of the physician who will perform the operation/procedure who is signing below, and that the consenting party has indicated to me his/her understanding of what is contains.

LANGUAGE	TRANSLATOR
DATE	DENTIST SIGNATURE