

Anesthesia Consent (Conscious/Moderate Sedation)

The following is provided to inform our patients of the choices and risks involved with having treatment under anesthesia. The type of anesthesia we administer in this office is considered conscious/moderate sedation. The patient will be monitored by Dr. William Plumb. Dr. Plumb is a General Dentist and has completed additional training in anesthesia and is licensed by the state of Nevada to administer anesthesia. Dr. Plumb and his highly trained staff will monitor the patient throughout the procedure. The patient will be under Dr. Plumb's care until discharged from our office. Each patient is monitored to the standard level of care appropriate to the level of sedation provided. Monitoring includes oxygen levels via SPO2 monitoring, circulation via blood pressure, heart via EKG. The anesthesia provider is licensed, trained and has extensive experience in providing the level of anesthesia that will be provided. Our office has all of the necessary emergency protocols, equipment, drugs, and systems in place if an emergency were to take place.

Side Effects & Possible Complications

With the administration of anesthetic drugs, the most frequent side effects include drowsiness, nausea, vomiting and phlebitis (a raised, hard, tender inflammatory response at the intravenous site). Other complications include, but are not limited to: pain, numbness, bleeding, swelling, hematoma, bruising, fluctuations in breathing pattern, heart rhythm, and/or blood pressure, as well as allergic reactions, and in rare instances require hospitalization or can result in brain damage or death. Most patients remain drowsy or sleepy following their surgery for the remainder of the day. As a result, coordination and judgment may be impaired. It is strongly recommended that adults refrain from activities such as operating an automobile or heavy machinery, and children must remain in the presence of a responsible adult. Please note that nausea and vomiting following anesthesia only occurs in a small amount of patients.

Consent & Authorization for Anesthesia

Please initial the boxes

I hereby authorize and request Dr. William Plumb to perform anesthesia for my surgery and any other procedure deemed **necessary** during my surgery.

I consent to and authorize the administration of such anesthetics (from local to general) by any route that is deemed suitable and appropriate by the anesthesia provider, who is an independent contractor and consultant. I understand that this anesthesia provider will have full charge of the administration and maintenance of the anesthesia and that this is an independent function from the surgery/dentistry.

I have been made aware of the risks associated with local anesthesia, conscious sedation and general anesthesia. I have been informed and fully understand that, though very uncommon, there are complications from the drugs and anesthesia, including but not limited to the above stated side effects & possible complications.

I have been fully advised of and understand the alternatives to sedation and general anesthesia and accept the possible risks and dangers. I acknowledge the receipt of, and understand, both preoperative and postoperative anesthesia instructions. It has been explained to me, and I understand, that there is no guarantee to any result and/or cure. I have had the opportunity to ask questions about anesthesia and am fully satisfied and understand the information provided to me.

[] I understand that anesthetics, medications and other drugs may be harmful to an unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility for informing the anesthesia provider of the patient's suspected or confirmed pregnancy with the understanding that this will result in the postponement of the procedure. For the same reasons, I understand that I must inform the anesthesia provider if I am a nursing mother. Failure to inform the anesthesiologist of the aforementioned may result in harm or termination of the unborn child. In the rare instance that this should occur, the anesthesiologist is not held liable. By initialing this line, I attest as a patient I am not pregnant. If I am the guardian of the patient I attest the person I have guardianship over is not pregnant. If I am unsure, I am aware that it is the patients responsibility to take a pregnancy test and that one can be provided to me by the office.

[] I have been advised that anesthetic drugs and agents may cause drowsiness and decrease coordination and should not operate any vehicle or hazardous device for at least 24 hours after receiving anesthesia. I recognize that it may take longer for full recovery from the effects of the anesthetics, medications, and drugs that may be given to myself (or my child) and have been advised not to make any major decisions until after recovery from anesthesia. Parents are advised of the necessity of direct parental supervision of their child for 24 hrs following anesthesia.

[] I (my child) has NOT had anything to eat or drink within the last 8 hours prior to treatment. Failure to report any liquid or food consumption may result in aspiration, complications or death.

**I have reviewed and understand the information stated above as well as the instructions given to me by the anesthesia provider.*

Patient Name _____

Parent/Guardian Name _____

Patient/Guardian Signature *(If the patient is a minor, we must have a legal guardians signature)*

x _____ Date _____

Anesthesia Provider Name _____

Anesthesia Signature

x _____ Date _____