

INSTRUCTIONS, INFORMATION & CONSENT FOR INTRAVENOUS SEDATION

INSTRUCTIONS (BEFORE & AFTER IV SEDATION)

1 – You **must** fast for at least 6 hours before sedation to ensure an empty stomach. This means that strictly no food or drink (including water, lozenges or gum) is to be taken for at least 6 hours before the sedation. **TO DO OTHERWISE MAY BE LIFE THREATENING.**

2 – Please wear comfortable, loose fitting clothing to allow access to your arms for an IV line and for monitoring of your blood pressure & heart. Remove any jewellery, makeup, nail polish and contact lenses.

2 – If you take any medications please discuss them with Dr Misagh Habibi. Usually any regular medications are taken as normal with only a small sip of water on the morning of sedation, whereas some medications will need to be altered or skipped depending on the medical condition and the procedure.

3 – After the treatment, you **must** be taken home in a private car or taxi and **must** be escorted by a responsible adult who will spend the rest of the day (and night) watching you at home. This person must present with you to the surgery on the day of sedation and be available at the surgery or on the phone.

4- You cannot go home on public transport or by walking, and you cannot go home without someone who is responsible for your care for the remainder of the day.

5 – You must not operate machinery or potentially harmful equipment (including kitchen utensils) for the rest of the day. You must not make any important decisions or sign any important documents for the rest of the day.

6 – Do not drink alcohol or use any recreational drugs for at least 48 hours before and after the sedation.

7 – If you have a cold, flu or respiratory infection, you must tell us as soon as possible as you may need to be re-appointed you to another day.

8 – You must advise us of any changes to your medical history, including any new pills or medications, or any allergies.

Note: Where medications are placed in the vein, there may be bruising, swelling or inflammation (phlebitis), which may cause discomfort and temporarily restrict arm and hand motion. Nausea and vomiting can rarely take place.

FURTHER INFORMATION

Intravenous sedation makes lengthy or complex dental or oral surgical treatment comfortable and easy for you. It removes anxiety, stress, discomfort, memory, time and awareness from the procedure. You enjoy a relaxing and pleasant sleep whilst you maintain your ability to breathe for yourself, maintain your protective reflexes and your ability to respond verbally to us if required. You will still be administered local anaesthetic in your mouth after you are sedated. Following your procedure you will be afforded appropriate monitored recovery time in the surgery or recovery area until you are ready to be discharged.

Our practice is specially equipped and qualified for IV Sedation treatments, the safe monitoring of sedated patients and for managing sedated patients and medical emergencies. However as with any anaesthetic procedure IV Sedation is not without risk and there is an *extremely* remote risk of serious medical complications such as allergic reactions (previously unknown) to any of the medications used, or cardiovascular/respiratory compromise leading to cardiac arrest, brain damage, coma or death. To ensure your safety, intravenous sedation in the dental practice setting should be administered by a suitably qualified medical or dental practitioner. Dr Misagh Habibi has registered qualifications in Dental IV Sedation from Sydney University and has safely performed thousands of dental IV Sedations.

FEES, PAYMENT & CANCELLATION POLICY

A non-refundable deposit may be required to book your sedation and treatment time, depending on the duration of the appointment. Sedation bookings are often lengthy and are exclusively set aside for you by our practice. For this reason if you miss your appointment or cancel without a minimum of 48 hours notice, you will incur a cancellation fee of \$100 per 1/2 hour of booking time (fee at July 2009).

CONSENT

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT:
INSTRUCTIONS, INFORMATION & CONSENT FOR INTRAVENOUS (IV)
SEDATION (2 pages) AND CONSENT TO INTRAVENOUS SEDATION FOR MY
PROCEDURE

Date _____

Patient Name _____

Patient or Legal Guardian Signature _____

Witness (name and signature) _____