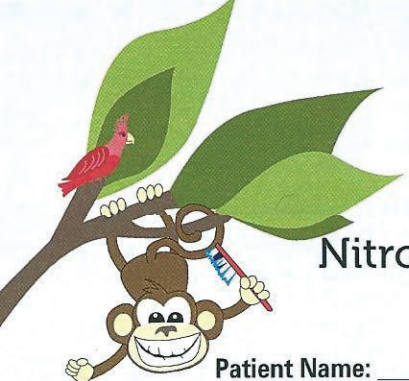


Central Park Dentistry

Pediatric Dental Care

Nitrous Oxide "Laughing Gas" Informed Consent



Patient Name: _____

DOB: ____/____/____

The purpose of this informed consent form is to provide an opportunity for patients (and/or their parents/guardians) to understand and give permission for the use of nitrous oxide when provided along with dental treatment. Each item should be initialed after the parent/guardian has had an opportunity for discussion and questions.

What is Nitrous Oxide?

Nitrous oxide is a very quick-acting sedation gas that decreases discomfort and anxiety. It is sometimes called LAUGHING GAS, and is often given at the dentist's office. As with all medications, there are benefits, side effects, and risks. Be sure to discuss any questions with the doctor.

Can My Child Eat Before Dental Treatment?

Your child may eat a light snack such as toast and juice three hours prior to the appointment. These restrictions are to help prevent nausea (upset stomach) and vomiting (throwing up).

How is it Given?

Your child will inhale the medicine through a mask, breathing in and out normally through the nose. Sometimes younger children resist the mask. If this happens, we will gently help hold the mask in place. The nitrous oxide will make you child feel relaxed and less anxious. It does not cause a deep sleep, as general anesthesia does. It will be given a few minutes before the procedure starts and may continue until it is finished. Oxygen will be given towards the end and after the procedure to remove remaining nitrous oxide from the body.

What are the Side Effects?

Nitrous oxide is safe for use in children and there are no long-term side effects. Short-term side effects may include: headache, nausea, and/or vomiting. A child may report feelings of tingling in the fingers, toes, cheeks, lips, tongue, head or cheek area. All of these symptoms are temporary.

"Diffusion hypoxia can occur as a result of rapid release of nitrous oxide from the blood stream into the alveoli, thereby diluting the concentration of oxygen. This may lead to headache and disorientation and can be avoided by administering 100% oxygen after nitrous oxide has been discontinued" — *American Academy of Pediatric Dentistry*

X _____ Initial

I have informed the doctor of my child's complete medical history, including any recent surgeries or changes involving the respiratory system. I also understand I must inform my child's dentist of any present mental and physical conditions.

X _____ Initial

I have had the opportunity to discuss nitrous oxide in conjunction with my child's dental care. I have had the opportunity to ask questions and am fully satisfied with the answers I have received.

X _____ Initial

X _____ Initial

For safety purposes, Dr. _____ will monitor the child until the medicine has worn off.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Witness Name: _____

Witness Signature: _____ Date: _____

Office Use Only:

Dr. Signature and Date:

Dr. _____ Date: _____

