

Streamlined Sedation

Efficient Implementation of IV Sedation in Your Dental Practice

IV Supplies & Emergency Kit

http://www.southernanesthesia.com	Southern Anesthesia Catalog #	Price	Comments
IV Sedation Meds:			
Midazolam 1ml 5 mg/ml	10/box	\$16.50	
Midazolam 5 ml 5mg /ml	each	\$9.75	Multi-dose vial
Midazolam iSecure Syringe 5mg/ml	10/box - Manufacturer: Hospira	\$49.44	
Fentanyl 100 mcg/ml	10/x2ml ampule, 10/box	\$7.85	
Fentanyl Citrate - Carpuject Syringes	10/box	\$12.29	
Emergency Kit Meds:			
Flumazenil 0.1 g/ml 5ml	each	\$18.00	
Narcan (Naloxone) .04g/ml	1 ml ampule - each	\$2.15	
Narcan (Naloxone) .04g/ml	10 ml vial - each	\$20.00	
Epinephrine ampule 1g/ml	1 ml ampule - each	\$1.65	
Epi Pen 0.3 mg	#050001	\$81.35	
Ephedrine - Vasopressor	50 mg/ml	\$1.35	
Benadryl 50mg/ml (diphenhydramine)	1 ml vial - each	\$1.50	
Solumedrol	1ml act-o-vial - each	\$3.75	
Nitroglycerin tabs (Nitrostat)	25/bottle	\$8.10	
Nitroglycerin spray	Order from your pharmacy		
Atropine 1mg/ml 1ml vial	each	\$1.25	
Lorazepam - anticonvulsant	1 ml carpuject	\$3.00	
50% Dextrose 25g/50 ml bottle	each	\$3.50	
Albuterol inhaler (ProAir)	each	\$35.00	
Insta Glucose mg. (or cake icing)	31gm tube, 3/box	\$15.75	
Aspirin (Bayer)	100/ bottle	\$7.25	
Promethazine (Phenergan) 25 mg/ml	1 ml vial - each	\$2.50	<i>Not required</i>
Aminophylline 250 mg	10 ml vial - each	\$0.75	<i>Not required</i>
Ambu bag with tubing reservoir	#157100100	\$18.50	
Anesthesia Face Mask - Adult - Portex	#5045	\$3.50	
Anesthesia Face Mask - Small Adult	#5055	\$3.50	
Anesthesia Face Mask - Child	#5048	\$3.50	
Nasal trumpets - assorted sizes	#12312232 6/pack	\$39.00	
Laryngoscope - standard handle, medium	#8621	\$24.50	<i>(Laryngoscope</i>
Laryng. blade - Mac Size 3 - Med Adult	#603300	\$34.75	<i>is required by</i>
Endotracheal tube - 3 mm diameter	#10038230	\$3.00	<i>Medpro Insurance)</i>

Endotracheal tube - 5 mm diameter	#10038250	\$3.00
Oral airway - Hudson Dual Channel #4	#1152	\$0.80
Oral airway - Hudson Dual Channel #6	#1151	\$0.80
Oral airway - Hudson Dual Channel #8	#1150	\$0.80
Oral airway - Hudson Dual Channel #9	#1149	\$0.80
Oral airway - Hudson Dual Channel #10	#1148	\$0.80
LMA - LarySeal Blue - size 3	#03894330U	\$11.75
LMA - Flexicare - size 4	#03894340U	\$11.75
LMA - Flexicare - size 5	#03894350U	\$11.75

IV Operatory Supplies:

Jelco 22 g x 1" IV Catheter	#4050, 50/box	\$74.00
IV administration set - slip tip	#29081, 50/case	\$45.00
D5W 500 ml	#L5101, 24/case	\$34.50
D5W 250 ml	#L5102, 24/case	\$31.00
Tuberculin syringes - 1 ml - for Midazolam	#309602, slip tip, 100/box	\$14.75

Syringes - 10 ml- box of 100 - for Fentanyl	#PS424, luer lock, 100/box	\$11.50	100/box - #130-
Needles - 22 G x 1 1/2"	#PS430, 100/box	\$4.25	2777
Alcohol prep	#PS521, 200/box	\$2.00	
ConMed Veni-guard	#7054431, 100/box	\$56.00	
Adult EKG patches	#3M9640, 50/bag	\$12.50	
Nasal cannula	#PS32608, 50/case	\$23.75	
Sterile towel set	#PS6012, 4/box	\$2.25	
Midazolam labels	#AN120, 333/roll	\$6.00	
Fentanyl labels	#AN7, 333/roll	\$6.00	

Tourniquets - latex free	#367203, 25/box	\$14.00
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Miscellaneous:

Emergency Oxygen	<i>Both portable emerg O2 & plumbed emerg O2 required</i>	770-473-6160
ProMed Sales - Rodney Uribe		r_uribe@bellsouth.net
Emergency Suction	Southern Anesthesia	\$50.75
Magill forceps – (not required)	Salvin Dental	\$97.90
Yankauer suction – (not required)	Salvin Dental	\$49.50
Drug Cabinet – double door, double lock:	Southern Anesthesia #3704	\$266.50

CDT Codes

D9240	Intravenous conscious sedation/analgesia, per appointment	Not in current CDT codes
D9241	Intravenous conscious sedation/analgesia – first 30 minutes	
D9242	Intravenous conscious sedation/analgesia – each additional 15 minutes	

Anesthesia Permit

http://dentistry.ky.gov/dentist_information/anesthesia_information/

The following documentation must be submitted to the Kentucky Board of Dentistry:

- Type a short resume showing evidence of your qualifications. Include dental, professional and post-doctoral education, with dates.
 - Although not required, I recommend submitting all CE certificates for sedation courses and ACLS
- Letter documenting completion of this course
- Copies of sedation records documenting all sedation experiences
- Copy of current BLS or ACLS card (front and back)
- Completed application, signed and notarized (Appendix – page 1)

DEA Information

Benzodiazepines - Schedule IV drugs

Injectable narcotics (Fentanyl, Demerol) – Schedule II drugs

- DEA Form 222 is required to order schedule II drugs (Appendix – page 2)
 - DEA contact information:
 - Louisville branch – Paul Settle – 502-582-5905
 - Cincinnati branch – 513-684-3671

See Reverse of PURCHASER'S Copy for Instructions		No order form may be issued for Schedule I and II substances (unless a completed application form has been received, (21 CFR 1305.04).		OMB APPROVAL No. 1117-0010		
TO: (Name of Supplier)			STREET ADDRESS			
CITY and STATE		DATE		TO BE FILLED IN BY SUPPLIER		
TO BE FILLED IN BY PURCHASER			SUPPLIER'S DEA REGISTRATION No.			
LINE No.	No. of Packages	Size of Package	Name of Item	National Drug Code	Packages Shipped	Date Shipped
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
LAST LINE COMPLETED (MUST BE 10 OR LESS)			SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT			
Date Issued	DEA Registration No.	Name and Address of Registrant				
06/03/2009		177				
Schedules						
2, 2N, 3, 3N, 4, 5,						
Registered as a	No. of this Order Form					
PRACTITIONER						
DEA Form -222 (MAY 2008)		U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II		133856739		
		DRUG ENFORCEMENT ADMINISTRATION				
		SUPPLIER'S COPY 1				

- Required drug logs (Appendix – page 3)
- Report stolen or missing drugs to the DEA

Training Yourself & Your Team

IV Drug packaging

- Vials vs. pre-loaded syringes
 - Pre-loaded:
 - Fentanyl – Hospira with Carpuject syringe
 - Midazolam – Hospira iSecure syringe
- Drug-resistant patients (“under-responders”) – oral hydroxyzine premedication

Anesoft Sedation Simulator software – cost \$99

- <http://www.anesoft.com/products/as.asp>

StreamDent Medical Emergencies

- This portion of StreamDent is free and can be viewed with any web browser

Organizing your emergency supplies and response

- Quick response time is essential
- Drugs & syringes – labeled with directions on bag
- Airways
- Team assignments pre-planned
- Emergency drills – recommended quarterly

IV implementation, most frequent team errors

- Monitoring the pulseoximeter
- Pre-bagged supplies
 - Sterile towel set
 - IV tubing
 - 5% Dextrose – 250 ml or 500 ml
 - Tourniquet
 - Two 22 gauge IV catheters
 - Two 1 ml tuberculin syringes
 - One 10 ml syringe or carpuject syringe
 - Three 22 gauge x 1.5” needles
 - Veniguard
 - 2 Bandages
- Advance room setup
- Sedation record as a training tool to teach monitoring
- Handling the IV tubing immediately after venipuncture
- Develop a standardized way your team member closes the tubing pre-op
- Removing the IV

Sedation health history and consent forms

- Summarize significant health history already found
- Ask additional questions to identify sedation issues
 - Back problems
 - Breathing issues
 - Frequent bathroom trips
 - Gastric bypass surgery
 - High sugar diet
 - Limits to vasoconstrictors
 - Restless sleeper
 - Sleep apnea
 - Tobacco use
 - Alcoholism
 - Recreational drug use
- Celebrex premedication for most patients
- Use a system sheet
- Plan your patient forms to be followed easily

Sedation Appointment Flow

System sheets for each procedure:

- Sedation consent forms
 - Separate system sheet for same day sedation patients
- Sedation procedures
 - IV
 - Oral

Sedation health history and consent forms (see Appendix 4 & 5)

- Design the sedation health history's to be closely compatible with the sedation record
- Fill out the top portion of the sedation record in advance
- ASA III patients – get a baseline EKG – patient reclined and still for 2-3 minutes
- Celebrex pre-med protocols:
 - Use if no sulfa allergy
 - Minor procedure:
 - Disp: 5 tabs
 - 1 tab with supper on the night before your appointment, then 1 tab q.d. with supper until all are taken
 - Major procedure (example – several extractions): 10 tabs
 - Disp: 10 tabs
 - Sig: 2 tabs with supper on the night before your appointment, then 1 tab b.i.d. until all are taken. Do NOT take morning of sedation appointment.

- Patient with pre-op pain, must avoid narcotics 24 hours pre-op: 12 tabs
 - Disp: 12 tabs
 - Sig: 2 tabs with supper TWO nights before your appointment, then 1 tab b.i.d until all are taken. Do NOT take morning of sedation appointment.

The Sedation Appointment

- Room setup – system sheets for each procedure
- Reception room form (see Appendix 5)
- Seating the patient
 - 20 minutes assistant time allowed to prep the patient
 - Patient comfort
 - Cell phone, watch, glasses
 - Vital signs – recorded on the sedation record
 - After vital signs are recorded, oxygen is started – set timer for three minutes
- Doctor assessment
 - A “time out” is designed in the sedation record
 - Assistant has the chart open with health history displayed
 - The sedation record is reviewed
 - Radiographs are reviewed
 - Turn on nitrous – set timer
 - Assess vein while assistant places topical anesthetic
- Dental assistant activities when sedation is initiated
 - Assists with tubing during venipuncture
 - Places Veniguard while doctor stabilizes catheter
 - Makes entry on sedation record
 - When IV is placed
 - When first sedation meds are started
 - **Every time any drug or local anesthetic is administered**
 - Begins entering notes in the clinical record while sedation meds are taking effect
- End of procedure - assistant
 - Open the IV bag
 - When patient is alert, assistant initially complete assessments, records post-op vital signs, calls doctor
 - After patient is dismissed, sedation record is copy/pasted to clinical notes and clinical notes are completed
 - Doctor and assistant witness wasted IV meds. Initials are entered on sedation record, digital clinical record is filled out and signed/locked
 - Left over meds are returned to drug cabinet, drug log is completed



Organizing Your Office for Efficient Appointments

- IV poles
- Chair slings
 - Superior Upholstery – approximately \$225 per chair
 - 800-548-7282
 - lou@superiorupholstery.com
- Cabinetry vs. carts and tubs
- Isolite
- StreamDent

Downloads available on our website:

- Control Substance Log – for easy customization – Excel format
- IV course supplies - Excel format
- Sedation Health History
- Ky. Board of Dentistry - Application for Conscious Sedation form
- Ky. Board of Dentistry - Conscious Sedation Inspection form

Office Use Only

Approval Date _____

Approved by _____

Fee _____ Date _____

Approved by _____

Permit No. _____ Date _____

APPLICATION FOR CONSCIOUS/ENTERAL SEDATION PERMIT
KENTUCKY BOARD OF DENTISTRY
312 WHITTINGTON PKWY, SUITE 101
LOUISVILLE, KENTUCKY 40222

Appendix 1

THIS PERMIT WILL ALLOW YOU TO ADMINISTER CONSCIOUS/ENTERAL SEDATION.
Reference: KAR 8:390 Section 3 and Section 2(8).

This completed application must be accompanied by a check in the amount of \$30.00 payable to the Kentucky Board of Dentistry. The form must be completed carefully and sworn to before a Notary Public. Form should be returned to the Kentucky Board of Dentistry with the proper documentation at the above address.

NAME _____ KY LICENSE NO. _____

OFFICE ADDRESS _____ PHONE: _____

CITY, STATE, ZIPCODE _____

A short resume showing evidence of your qualifications must accompany this application with a detailed listing of all dental, professional, and post-doctoral education supporting these qualifications, including dates attended with copies of supporting documents.

A. Completion of an approved course in conscious sedation with parenteral drugs in a program approved by the Kentucky Board of Dentistry. Include documentation of having treated 25 cases. Submit copies of anesthesia/conscious sedation record of twenty-five patients for which you had primary responsibility. Record should include patients' name, date of procedure, procedure(s) performed, anesthetic management, including drugs, doses, vital signs and complications.

B. Diplomate, board eligible, or eligible for board examination in any specialty, or a graduate of an accredited general practice residency. Provide proof of training in the use of conscious sedation with parenteral drugs.

All dentists administering conscious sedation with parenteral drugs must be certified in basic life support (BLS). A copy of the front and back of the BLS card must accompany this application. BLS Certificate Date _____

All staff assisting with conscious sedation with parenteral drugs must be certified in basic life support (BLS). A copy of the front and back of the BLS card must accompany this application. BLS Certificate Date _____

I hereby certify that the above facts are true and I agree to abide by the rules and regulations set by the Kentucky Board of Dentistry including any future amendments to said rules and regulations.

Applicant's Signature

State of _____
County of _____

Subscribed and sworn to before me this _____ day of _____, 20_____

(Seal)

Notary Public signature

My commission expires on _____

See Reverse of PURCHASER'S Copy for Instructions			No order form may be issued for Schedule I and II substances unless a completed application form has been received. (21 CFR 1305.04).				OMB APPROVAL No. 1117-0010		
TO: (Name of Supplier)			STREET ADDRESS						
CITY and STATE			DATE		TO BE FILLED IN BY SUPPLIER				
					SUPPLIERS DEA REGISTRATION No.				
LINE No.	TO BE FILLED IN BY PURCHASER			TO BE FILLED IN BY SUPPLIER					
	No. of Packages	Size of Package	Name of Item	National Drug Code				Packages Shipped	Date Shipped
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Sample only, not for use

Obtain forms by calling the DEA

LAST LINE COMPLETED (MUST BE 10 OR LESS)		SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT	
Date Issued 06/03/2009	DEA Registration No. <input type="text"/>	Name and Address of Registrant 177	
Schedules 2, 2N, 3, 3N, 4, 5,			
Registered as a PRACTITIONER	No. of this Order Form <input type="text"/>		

Appendix 2

DEA 222 Form Sample

See Reverse of PURCHASERS Copy for Instructions

No order form may be issued for Schedule I and II substances unless a completed application form has been received. (21 CFR 1305.04)

GMB APPROVAL No. 1117 DX110

TO: (Name of Supplier) **Southern Anesthesia & Surgical** ¹

STREET ADDRESS **One Southern Court** ²

CITY and STATE **West Columbia, SC** ³ **29169** ⁴ DATE **Today's Date** ⁴

TO BE FILLED IN BY PURCHASER

TO BE FILLED IN BY SUPPLIER

No.	No. of Packages	Size of Package	Name of Item	Suppliers DEA Registration No.	National Drug Code	Packages Shipped	Date Shipped
1	2	10 x 2ml	Fentanyl amps				
2	4	20ml	Fentanyl vial				
3	3	30ml	Demerol 50mg/ml				
4	1	25/box	Demerol 50mg/ml 1ml amps				
5	1	10/box	Morphine 10mg carpject luer lock				
6	2	10ml	Morphine 10mg/10ml pre-filled syringe				
7	1	500ml	Meperidine Syrup 50mg/5ml				
8	3	4ml	Cocaine 4% Topical Solution				
9	1	10 x 3ml	Ultiva 1mg/3ml vial				
10	1	100's	Oxycodone/APAP caps 5/500mg				

LAST LINE COMPLETED (MUST BE 10 OR LESS)

Signature of Purchaser or Attorney in Agent: *John Doe, M.D.* ⁹

Name and Address of Registrant: **Dr. John Doe
123 Anywhere Street
Anywhere, US 12345**

U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II
DRUG ENFORCEMENT ADMINISTRATION

REQUIREMENTS FOR PROPERLY COMPLETED 222 FORMS:

DEA requires that your 222 form address be the same as the address on your current DEA Certificate. DO NOT fill out suppliers DEA Registration No., National Drug Code, Packages Shipped and Date Shipped. This information will be completed by Southern Anesthesia & Surgical.

- 1 **Name of Supplier:** Southern Anesthesia & Surgical
- 2 **Street Address:** One Southern Court
- 3 **City and State:** West Columbia, SC 29169
- 4 **Date:** Today's Date (the date you are filling the form out)
- 5 **Number of Packages:** The quantity of the drug being ordered
- 6 **Size of Package:** The size of the drug being ordered (ie. 20ml, 10x5ml)
- 7 **Name of Item:** The name and description/strength of the drug being ordered (ie. Fentanyl vial, Fentanyl amps, Demerol 50mg/ml)
- 8 **Last Line Completed:** The number of different types of drugs being ordered, not the quantity (only one line should be completed for each item)
- 9 **Signature of Physician or Power of Attorney*:** Unsigned forms cannot be processed.
*(If the signature is anyone other than the Physician, we must have a copy of the Power of Attorney in our files.)

Mail the top two copies (Brown & Green) to us. Retain the bottom copy (Blue) for your records.

No errors or cross-outs are permitted on this form. If there are any, the supplier is required to reject the form.
The form has 3 copies with carbons. Keep the last page (blue print) before sending to the supplier.

Flemingsburg Dental Care

William J. Moorhead, DMD, PLLC

303 S. Main Cross, POBox 474

Flemingsburg KY 41041

(606)845-CARE

contact@flemingsburgdental.com

www.flemingsburgdental.com



Appendix 4

Sedation Health History Proof Sheet / Update Sheet

Patient Name:
Last First MI Preferred Name

Have you had any changes in your health history since your last sedation appointment?

Read prior list to patient see clinical notes

Yes No

List any changes:

Have you seen a physician for anything since your last sedation appointment?

Yes No

What for?

Please list all prescription and over-the-counter medications you take:

(Note - Copy prior list from clinical notes & edit)

Please briefly list occupation & hobbies:

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Please mark any of the following to indicate YES in response to the question:

- If you have glaucoma, do you have problems with controlling the glaucoma?
- Have you had gastric bypass surgery?
- Do you have or suspect you could have sleep apnea?
- Are you allergic to Sulfa Drugs? (if so, use Lodine XL, not Celebrex)
- Do you take the OTC medication Tagamet (cimetidine)?
- Do you take blood pressure medicines that are calcium channel blockers, such as Cardizem, Verapamil?
- Do you ever drink grapefruit juice? (None for 2-3 days before & 1 day after sedation appt)
- Do you ever wear any prescription pain patches?
- Have you ever had a negative reaction when taking Valium or Xanax?
- Are you taking any medications for diarrhea?
- Are you a restless sleeper?
- Do you ever sleep walk?
- Do you avoid sleeping on your back for any reason?
- Does it bother you to have an IV started?
- Have you ever had problems with nausea during a sedation procedure?

List any notes about the questions above:

Patient's weight (in pounds):

Do you take any antacids?

- Yes No

If so, how often?

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Please list any herbal supplements or medications you take:
(We are especially looking for herbs for depression or to help sleep)

Please list any food allergies:

How often do you eat snack?

How much sugar is in your diet?

Do you drink alcoholic beverages?

Yes No

If so, on average, how many per week? How does it affect you? How much to make you drowsy?

On average, how many times a day do you go to the bathroom?

We must ask this question to everyone to keep you safe.
Do you use any recreational drugs?

Yes No

If so, what drugs and how often:

Female patients: Is there any chance you are pregnant? Are you nursing?

Pregnancy - Yes Pregnancy - No Nursing - Yes Nursing - No

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ASA Status

- ASA I - no organic disease
- ASA II - mild or moderate systemic disease w/o functional impairment
- ASA III - organic disease with definite functional impairment

Baseline readings today:

Age:

Height

Weight (must use scales):

B.P.:

SaO2:

Pulse:

Sedation Issues: check any issues that apply

- | | |
|--|---|
| <input type="checkbox"/> Breathing problems | <input type="checkbox"/> Sleep apnea |
| <input type="checkbox"/> Frequent bathroom trips | <input type="checkbox"/> Restless Sleeper/Back problems |
| <input type="checkbox"/> Gastric bypass surgery | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> High sugar diet | <input type="checkbox"/> Alcoholism |
| <input type="checkbox"/> Limit Vasoconstrictors | <input type="checkbox"/> Drug Use |

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Enter summary of medical history, allergies (Copy & Paste):

Signature of patient, parent, or guardian:

Signature: _____

Date:

Relationship to patient:

Response Date:

FLEMINGSBURG DENTAL CARE

IMPORTANT INFORMATION & INFORMED CONSENT FOR IV SEDATION (Including Midazolam, Fentanyl, Nubain, Triazolam & Lorazepam)

1. BACKGROUND INFORMATION. This form is designed to provide information regarding the use of IV & oral sedation agents (triazolam, diazepam, lorazepam, midazolam, Fentanyl & Nubain). We have tried to provide the following information about these agents in “plain English” and your cooperation and understanding of this material is necessary as we strive to achieve the best results for you. IV sedation of the type produced by these agents has proven to be useful in controlling the fears of many dental patients. The properties of these agents have allowed many patients to receive dental treatment in a safe, relaxed state with a reduction in their level of fear and anxiety. However, your awareness and ability to respond will be decreased. Like all medications, though, there are limitations and risks (which will be discussed below), and absolute success of treatment with IV sedatives is variable and cannot be guaranteed. ***I understand that conscious sedation has limitations and risks and absolute success cannot be guaranteed. I further understand that conscious sedation is a drug induced state of reduced awareness and decreased ability to respond. My ability to respond normally returns when the effects of the sedative wear off.***

2. CANDIDATES FOR IV SEDATION. We endeavor to determine eligibility for treatment with IV sedatives through information gathered during our consultation and screening. While many individuals will qualify for treatment with IV sedatives, not all people are candidates for it. If this situation occurs, Dr. Moorhead will discuss his/her findings with you, perhaps along with certain other possible treatments or options as appropriate. **Women who are pregnant, with likelihood to become pregnant, or lactating should not use IV sedatives** (as it may cause fetal damage) nor should people with a known sensitivity to the benzodiazepine (example: Valium) class of medication. Also, patients should not consume alcohol or narcotic drugs while taking sedatives or increase the prescribed dosage. If you have been taking any psychiatric mood altering drug, have a bowel obstruction, or any acute respiratory conditions such as cold, flu, or sinus infection, you may not be a good candidate for the use of sedation. Please notify Dr. Moorhead if you have any of these conditions to discuss other options that may be available. **I understand that I must notify Dr. Moorhead if I am pregnant, may be pregnant, or if I am lactating. I must notify Dr. Moorhead if I have sensitivity to benzodiazepines, if I have recently consumed alcohol, and if I am on psychiatric mood altering drugs or other medications. I also understand that, in most cases, Dr. Moorhead will not be able to proceed with my sedation appointment if I have not followed instructions regarding alcohol use or mood-altering drugs (including narcotics) and this will result in forfeiture of the pre-paid fee for my appointment.**

3. FOR SOME PATIENTS, WE WILL PRESCRIBE PRE-OP ORAL SEDATION MEDICATIONS. You will be given a dosage of _____ to be taken the night before your dental visit to reduce your anxiety level and help you to sleep. Any negative reaction should be reported to your treating dentist prior to treatment the next morning. A dosage of _____ will be taken _____ prior to beginning your dental treatment. You will not be allowed to drive to or from your appointment and you must have someone pick you up, sign you out, and accompany you home following your treatment with IV sedation. This person must be 19 years or older. Due to a possible amnesia effect, you should also arrange to have a trusted friend or loved one with you in the 24 hours after your treatment. ***I understand the prescribed protocol that will be used during my sedation. It is essential to have another person accompany me to my visit to provide for my transportation and care.***

4. ALTERNATIVE OPTIONS. Please note that there are other sedation options available for your procedure including nitrous oxide, which is relaxation gas known as laughing gas, topical anesthetic, which is a numbing gel that can be placed in your mouth and give you more comfort, and oral sedation, which will provide a sedative by mouth to achieve sedation. These and other methods can often be a valid alternative to IV conscious sedation. Other alternatives are to have no treatment performed or no pain medications or sedative agents used. If you have any questions regarding any treatment alternatives, please ask Dr. Moorhead or your treatment consultant. ***I understand and have been informed of my possible alternative options to enteral conscious sedation.***

5. RISKS & INCONVENIENCES. Virtually all forms of medication, including IV sedatives, have some risks and possible side effects. Pain medication or sedative agents can, among other things, alter your judgment and work performance, and you should plan accordingly. With IV sedation, you may experience relaxation or drowsiness, a reduced sense of fear or anxiety, increased tolerance to discomfort, an altered perception of time, tingling sensations, giddiness or lightheadedness, clumsiness, or unsteadiness, nausea, hallucinations or dreams. Less common side effects include blurred vision, memory loss (which many people deem desirable for dental treatment), or “rebound insomnia” for several days. Rare side effects include agitation, behavior changes, convulsions, hypotension, skin rash or itching, sore throat, fever, chills, unusual tiredness, increased heart rate, hyperactivity or weakness may occur. If you experience any unpleasant –affects, before or after your procedure, please inform Dr. Moorhead or assistant as soon as possible. There is also a chance of an allergic reaction to the sedation medication which may include: itching, hives, redness of the skin, swelling or sweating. If you notice any of the symptoms you must contact Dr. Moorhead or other medical professionals immediately. A small catheter will be placed into a vein to allow quick access that allows us to administer medications for your safety. Risks include, but are not limited to, inflamed vein at puncture site, and drug reaction. ***I understand the risks and inconveniences that may result from enteral conscious sedation and these have been thoroughly explained to me.***

6. OTHER PATIENT RESPONSIBILITIES. You agree to keep your follow-up appointments and to follow recommended treatments as well as follow other precautions and recommendations that may be provided as part of your pre-op or post-operative instructions. You will not be able to drive or operate machinery while taking IV or oral sedatives and for 24 hours afterwards. Therefore, you will need to have arrangements for someone to drive you to and from your dental appointments while taking IV or oral sedatives. ***I understand that I must follow all the recommended treatments and instructions of Dr. Moorhead. I also understand the possible affects that sedatives will have on me following enteral conscious sedation.***

7. PATIENT QUESTIONS. The patient has the right to be completely informed before they give their consent to a procedure. If you have any questions about the enteral conscious sedation, about this form, or any other topic, be sure to discuss this with Dr. Moorhead prior to beginning treatment. ***I understand that I have the right to question any portion of my treatment and to have a thorough and complete explanation to any question I may have from a qualified person.***

Sedation Procedure – Reception Room Form

Patient's Name: _____
Date: _____

Escort's Name: _____
Relationship to patient: _____
Escort's cell phone # 1: _____
Escort's cell phone # 2: _____
Post Op Call Phone #: _____

In reception room, take clipboard & sedation procedure sheet:

- Ask "did you have a good breakfast." Verify patient followed NPO guidelines:
*No solid food past 6 hours no liquids past 2 hours; GERD/Obese patients 8 hours.
Diabetic patients – dry toast, very little water.*
- Ask patient if they have had antacids, grapefruit juice, or narcotics within the last 24 hrs.
- Have patient leave any jewelry, rings, WATCHES, CELL PHONES with escort – NO EXCEPTIONS
- Record the time patient took their pre-op medications. If not done, notify Dr. before bringing patient back.
Celebrex/NSAID last night: _____ Oral sedation patients:
Diazepam: _____
Triazolam/Lorazepam: _____
- If smoker or user of tobacco, ask how much they have had in the last 24 hrs.
 - Patient is not a tobacco user.
 - Patient is a smoker. They used _____ yesterday
- Bring patient back and have them go to the bathroom.