Consent for Nitrous Oxide

What is nitrous oxide and its benefits?
Nitrous oxide ("laughing gas") is a clear, odorless gas that when inhaled can lower one’s anxiety, perception of pain and decrease gagging. The patient will still be awake, aware of their surroundings and able to respond to rational inquires and directions.

What are the risks?
The administration of medication and the performance of conscious sedation with nitrous oxide carries certain common hazards, risks, and potential unpleasant side effects which are infrequent, but none the less, may occur. They include but are not limited to the following:

1. Excessive Perspiration: Sweating may occur during the procedure and you may become somewhat flushed during administration of nitrous oxide.

2. Expectoration: Removal of secretions may be difficult but can be controlled by use of suction tip.

3. Behavioral Problems: Some patients will talk excessively, giggle spontaneously or experience vivid dreams associated with physical movement of the body. Such behavioral problems may make dental care under nitrous oxide contraindicated. If so, other sedative options exist such as oral medication or intravenous sedation.

4. Shivering: Although not common, shivering can be quite uncomfortable. Shivering usually develops at the end of the sedative procedure when the nitrous oxide has been terminated.

5. Nausea and Vomiting: This is the most frequent of the side effects of nitrous oxide sedation but its frequency is still quite low. It is important to tell the doctor, hygienist, or assistant that you are experience some discomfort. The level of nitrous oxide can be adjusted to eliminate this side effect.

6. Driving a Motor Vehicle: You may not feel capable of driving after nitrous oxide. If this occurs, we will keep you until you feel better or have you call a friend or cab to insure your safety. But, in most cases, patients feel “normal” a few minutes after the gas has been turned off.

7. Danger for Pregnant Women: Nitrous is contraindicated for women who are pregnant. By signing this consent I agree that I am NOT pregnant, nor is there a possibility that I am pregnant.

What are my alternatives?
No treatment is an option. However, avoidance of dental care due to fear and anxiety of the dental experience may precipitate further dental and overall health problems. Proceeding with dental care under a state of anxiety may lead to fainting, palpitation, increased blood pressure and pulse or other heart-related disorders related to the “flight or fight response.”

INFORMED CONSENT: I can read and write English and have been given the opportunity to ask any questions regarding the nature and purpose of the proposed treatment and have received answers to my satisfaction. I do voluntarily assume any
and all possible risks, including the risk of substantial harm, which may be associated with any phase of this treatment in hopes of obtaining the desired result. The fees for these services have been explained to me and I accept them as satisfactory. By signing this form, I am freely giving my consent to authorize the doctors and staff at Cross Timbers Dental in rendering any services they deem necessary or advisable to treat my dental conditions, including the administration and/or prescribing of any anesthetic agents and/or medications.

**Guarantees:** The practice of dentistry is not an exact science and no procedure is 100% successful. The doctors and/or staff at Cross Timbers Dental have made no guarantees of a successful outcome.

**Notifications:** If a patient develops a problem it is the patient’s responsibility to notify the doctors and/or staff of Cross Timbers Dental. Through this notification we will be able to act on the patient’s behalf. Attempts to correct a problem may occur at our office or a referral to another health care practitioner may be warranted.

Is the patient affected by any of the following?

- [ ] Yes  [ ] No History of middle ear infections, sinus inflammation or blocked Eustachian tubes? Nitrogen diffusion can cause pressure buildup and damage the tympanic membrane.
- [ ] Yes  [ ] No Obstructed bowel or problematic gas distention? (Severe gas pain can develop)
- [ ] Yes  [ ] No Have detached retina or surgical treatment to the ocular area with a gas bubble? (Eye surgeons sometimes inject gas during retinal surgery. This can expand with nitrogen diffusion. In rare cases, blindness can result.)
- [ ] Yes  [ ] No Is patient pregnant?
- [ ] Yes  [ ] No Congestive heart failure, COPD, Tuberculosis, cystic fibrosis or multiple sclerosis? If so, please circle which conditions apply. (All of the listed conditions are all contraindications for nitrous)
- [ ] Yes  [ ] No Impediments to adequate breathing?
- [ ] Yes  [ ] No Drug or substance abuse?
- [ ] Yes  [ ] No Mental disorders?
- [ ] Yes  [ ] No Use of antidepressants, psychotropic drugs, sleep-inducing medication?
- [ ] Yes  [ ] No Bleomycin sulfate therapy?
- [ ] Yes  [ ] No Severe cardiac conditions?

Patient’s name (please print) ____________________________

Signature of patient/legal guardian ____________________________

Date ________________