ARIZONA DENTAL ANESTHESIA

Patient Name: _____

Date: _____ Legal Guardian: _____

Procedure(s): _____

INFORMED CONSENT FORM

☐ ***Monitored Anesthetic Care***. MAC involves the use of oral, nasal, intramuscular and/or intravenous medications during a procedure to relieve anxiety and/or pain. Though patients are conscious during MAC, memory of the procedure is distorted or limited.	☐ ***Local Anesthesia***. LA involves the localized injection of an anesthetic medication around isolated nerves to produce regional or localized numbness. This technique may or may not be used in conjunction with all levels of sedation or general anesthesia.	☐ ***General Anesthesia***. GA involves the administration of oral, nasal, intramuscular, intravenous, and/or inhalation medications resulting in complete unconsciousness and total relief from all surgical pain during the procedure.

BENEFITS: The doctors cannot completely guarantee that you or your child will receive any of these benefits, though an overwhelming majority of patients do. Only you can decide if the following benefits outweigh the inherent risks: (1) reduction or elimination of perceived pain; (2) reduction or elimination of anxiety; (3) maintenance of stable vital signs; (4) complete unconsciousness during general anesthesia only; (5) reduction or elimination of a gag reflex; (6) amplified quickness for completion of treatment; (7) improved quality of surgical care; and (8.) procedural amnesia.

RISKS: It is essential to understand the associated risks before undergoing this procedure. Though complications are extremely rare, no procedure is completely free of risk. The following risks of sedation & analgesia (MAC) are well recognized, but there may also be risks not included in this list that are unforeseen by your doctor. *You or your child (1) may experience respiratory depression. Breathing could slow or even stop. This could require the placement of a temporary breathing tube while medication(s) wears off, or possibly longer if necessary; (2) may develop a decreased blood pressure requiring treatment that may consist of administering intravenous fluids or medication(s). Either of these treatments may require a transfer to a nearby hospital until this condition is stabilized;(3) may develop an adverse reaction at an injection or IV site or to medications that could result in bruising, tenderness, infection, bleeding, nausea, vomiting, aspiration/pneumonia, seizures, hallucinations, blurred vision, weakness, impaired judgment, prolonged drowsiness, itching, skin rash, allergic reaction, anaphylaxis, fever, cardiac arrhythmias requiring drug treatment, malignant hyperthermia, cardiac arrest, coma or even death*; (4) in some cases, it may be prudent to administer medication(s) to counteract the effects of a sedative or narcotic pain reliever to manage side effects or complications. This may cause you or your child to be more awake during the procedure. *In addition to these items, risks of local anesthesia (LA) includes, but is not limited to (1) nerve damage or infection necessitating further treatment that may or may not ultimately correct the problem; and (2) there may be a failure to achieve an adequate nerve block, which may require that the block be repeated or that deeper forms of sedation or anesthesia be needed. In addition to all the above items, risks of general anesthesia (GA) include, but are not completely limited to: (1) damage to the teeth during placement of a breathing tube; (2) sore throat, hoarseness, croup or injury to the vocal cords; (3) injury to facial tissues, lips, mucosa, and/or eyes; (3) lung collapse, injury to blood vessels, heart attack, stroke and even death; lastly (4) the anesthesia could fail to sedate you or your child completely, causing the possibility of operative awareness.*

Complications: When complications occur, they are typically minor and managed without consequences; however, it is important to realize that serious complications are possible. The anesthesia team reserves the right to: (1) extract teeth that are mobile and deemed an aspiration risk, and/or (2) stop treatment at any time during the delivery of care. Repeated or very lengthy use of sedation & general anesthetic drugs during surgeries in children under age 3 may affect the developing brain, leading to behavior or learning deficits. Sedative or anesthetic medications may cause birth defects or spontaneous abortion in pregnant patients. These drugs should be avoided in individuals that are known to be pregnant.

ALTERNATIVES: The alternatives to sedation, analgesia or anesthesia include: (1) undergoing the planned procedure without sedation, anesthesia and/or analgesia; and (2) re-evaluating the need for the planned surgical procedure(s) with your dentist. If you or your child decides not to undergo this procedure, there may also be risks associated to this decision, which should also be discussed with the dentist and/or surgical team.

The Anesthesiologist reserves the right to cancel or delay the anesthetic treatment for ANY reason that may jeopardize the safe administration of the procedure.

My signature below indicates that: (1) a representative of the anesthesia team has discussed the risks, benefits and anesthetic options and answered all associated questions; (2) I authorize and consent to the discussed anesthesia plan; (3) I understand that, despite the anticipated anesthetic plan, I am providing consent for the use of all levels of sedation/anesthesia noted above, as intraoperative changes may be required; (4) I am aware that anticipated surgical treatment(s) may change based on new intraoperative findings; (5) I am aware that sedative and general anesthetic drugs are harmful to an unborn fetus, and acknowledge that the patient is not pregnant; and (6) I am aware that repeated and/or very lengthy exposure to sedative and general anesthetic medications and gases may have negative effects on brain development in infants and toddlers.

_____ _____

Signature of Patient, Parent, Conservator or Legal Guardian (Sign and Print) *Date*

_____ _____

Signature of Anesthesiologist (Sign and Print) *Date*

_____ _____

Signature of Witness (Sign and Print) *Date*

_____ _____

Signature of Witness to Telephone Consent (Sign and Print) *Date*

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Signature of Translator (Sign and Print) *Date*