www.drsarahclinics.co.uk

Dr. Sarah Clinics
Dentistry & Aesthetics

Conscious Sedation Instructions

Please read & take note of the following carefully & fill in prior to arriving at the clinic.

You must **NOT EAT** or **DRINK anything 4 hours** prior to your sedation appointment, this also includes Chewing Gum: If you do, you may not be seen.

You must arrive at the clinic with your chaperone. If you arrive without a chaperone your appointment will be cancelled. Your chaperone **MUST** be over 18 years old & be physically able to walk unaided and be able to support you to the car you are travelling home in. Your chaperone **MUST** stay on the premises whilst you are being treated & stay with you for 24 hours after the sedation. Either a car or taxi to take you home.

Ametop / Emla Cream numbing can be used for needle phobic patients prior to the intravenous technique. This can be brought from most chemists. Apply to the back of the hands & crease of the elbows 1 hour prior to the appointment

You must refrain from using Social Media for 24 hours following your sedation.

In the event of a person not settling under sedation or they are uncooperative, the dentist will not continue the treatment for the safety of the patient.

I understand I should be accompanied only by an adult and that children should NOT attend.

No patients will be forced (held down) to have treatment done.

I the undersigned have read and agree with the above instructions:

Patient Name:
Date:
Signature:

www.drsarahclinics.co.uk

Dr. Sarah Clinics
Dentistry & Aesthetics

Conscious Sedation Technique

A technique in which the use of drugs produce a state of depression of the central nervous system, enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation.

The drugs and techniques used to provide conscious sedation for dental treatment carry a margin of safety wide enough to render loss of consciousness unlikely.

It can be seen from the definition that a patient under sedation must remain conscious, retain protective reflex and be able to understand and respond to verbal commands.

This does not stop a patient drifting off to natural sleep because such a patient can respond to verbal contact. The drugs used for conscious sedation have the ability for the patient to forget the events after the treatment is finished which could be beneficial to the patient.

There is a small percentage of patients who still cannot cope with dental treatment even with the conscious sedation.

Sedation avoids the very rare risks associated with General Anaesthetics.

IV (intravenous) sedation is a conscious sedation technique where anti-anxiety medication is delivered directly into your bloodstream. The sedationist will insert a tiny needle into a vein in your arm or hand, leaving a soft, flexible tube (cannula) in place to administer the medication. Throughout the procedure your heart rate, blood pressure, and oxygen levels will be continuously monitored.

www.drsarahclinics.co.uk

Dr. Sarah Clinics
Dentistry & Aesthetics

Chaperone Responsibilities

The effects of the sedation will last for approximately 24 hours and during this time the patient **MUST NOT BE LEFT ALONE**

The patient must:
NOT DRIVE ANY VEHICLE
NOT OPERATE ANY MACHINERY
NOT OPERATE ANY DOMESTIC APPLIANCES
NOT LOOK AFTER CHILDREN
NOT MAKE ANY IMPORTANT DECISIONS OR SIGN DOCUMENTS
NOT DRINK ALCOHOL
NOT TAKE ANY RECREATIONAL DRUGS
REFRAIN FROM USING SOCIAL MEDIA FOR 24 HOURS

POST-OPERATIVELY
REST QUIETLY AT HOME FOR 24 HOURS
TAKE ANY PRESCRIBED MEDICATION AS NORMAL
FOLLOW ANY INSTRUCTIONS RELATING TO THEIR DENTAL TREATMENT BY THE DENTAL SURGEON OR RECOVERY NURSE

By agreeing to act as a chaperone, it is **YOUR** responsibility to ensure that the patient obeys the post-operative instructions given to you. If you are unable to stay with the patient and someone else will be taking over, please ensure you give that person these instructions.

Please sign and date this form to indicate that:

YOU understand the instructions, agree to ensure that the patient complies with the instructions. YOU or any other party may not post videos or pictures of the patient to any social media site. YOU will be with the patient, or have made arrangements for a responsible adult to be with the patient for the 24 hours following their treatment. If the patient is to be left with another responsible adult, you have made them aware of the post-operative instructions.

DATE:

CHAPERONE NAME:

CHAPERONE SIGNATURE:

MOBILE NO:

www.drsarahclinics.co.uk

Dr. Sarah Clinics
Dentistry & Aesthetics

SEDATION CHECKLIST Discussion with dentist/sedationist with time to ask questions

1. Justification of sedation
2. Explanation of conscious sedation – not GA. Includes procedure and communication expectations and costs
3. Fasting instructions have been given.
4. Escort responsibilities explained
5. Confirm treatment required
6. Consent for benefit/risks of dental treatment has been completed. Patient understand risks of treatment – RCT not guaranteed success. XLA risks to sinus, broken roots, etc. Potential changes to proposed treatment and additional costs explained.
7. Medical history checked that suitable for sedation: Include recreational drug use, allergy history, IVS/GA history.
8. EMLA cream option
9. Nails for sats monitor – keep nails accessible (ideally short nails and no nail polish)
10. Never promise one-visit treatment – depends on patient co-operation, we will never hold a patient down and force treatment.
11. Forms must be completed – Must be done before arrival.
12. Arrival time – Must arrive 10 minutes before appointment
13. Escort responsibilities – Must be a responsible adult who agrees to care for the patient afterward, no children/pets, remain in building throughout.
14. No recreational drugs to be used 48 hours before sedation treatment

Signature (Patient):

Signature (Clinician):

www.drsarahclinics.co.uk

Dr. Sarah Clinics
Dentistry & Aesthetics

Consent For Treatment Under Sedation Date:

Patient Details

Forename……..Surname……
Address:…….
……
Contact Telephone Number(s):…….....
Date of Birth…….Age:……
Sex: Male Female
Height Weight BMI
You have been booked for treatment under Sedation. Clinic location:
Any questions that you have can be answered at the time of your treatment, but if you have any uncertainties, please contact your dentist. They will be able to speak to the sedationist for advice, and may occasionally ask for the patient to attend the clinic for assessment prior to making an appointment for treatment.

PATIENT / PARENT / GUARDIAN
*** I have read this form and the accompanying instructions and explanation leaflet carefully**
*** If there is anything that I do not understand about the explanation I have had time to speak to the dentist**
*** I agree to undergo sedation so that I may receive dental treatment from my dentist. The procedure,risks and escort responsibilities have been explained to me. The treatment proposed and costs have been explained to me. I understand that the treatment may need to change depending on how the treatment progresses and any potential changes to treatment and costs have been explained to me.**
*** I understand that any procedure in addition to the investigation or treatment proposed will only be carried out if it is necessary and in my best interests and can be justified for medical reasons.**
I have told the doctor or dentist about any additional procedures that I would NOT wish to be carried.

Signature ..... Date: …...../...../.....

Name and address (if the person signing if not the patient):

.....

Dentist (this part to be completed by the dentist) **Dentist`s Name.....**

DESCRIBE THE PROCEDURE OR TREATMENT

I confirm that I have explained the treatment, and such appropriate options that are available, and the type of sedation proposed to the patient in terms in which my judgment are suited to the understanding of the patient and/or to one of the parent or guardians of the patients.

Signature……. Date……/……../……..

CONFINDENTIAL MEDICAL HISTORY (PLEASE ANSWER ALL QUESTIONS)

Please look at the following list, and **tick any of the conditions that might apply to you.** If there are any, we would suggest that you contact the clinic now, as it may mean that we would not be able to treat you as an out patient.

	YES	NO
Heart attacks, angina, strokes?	☐	☐
Rheumatic fever, heart "murmurs", heart operations?	☐	☐
Difficulty with breathing, or lung operations?	☐	☐
Muscle problems (myopathy, dystrophy, paralysis)?	☐	☐
Neurological (nerve) diseases ("neuropathies" MS etc.)?	☐	☐
Diabetes?	☐	☐
History of Thrombosis or Embolism?	☐	☐
Do you bleed excessively from cuts or tooth extractions?	☐	☐
Are you taking anticoagulant treatment?	☐	☐
FEMALE PATIENTS: are you, or might you be, pregnant?	☐	☐

Further comments about medical problems on this list:

Other medical conditions: it is unlikely that these will stop you having sedations, but we may have to adapt the drugs and techniques, and it can be important.

1. Medical conditions	YES	NO
1.1 Allergies, including to any medicines?	☐	☐
1.2 Epilepsy, fits, blackouts?	☐	☐
1.3 Do you have high blood pressure?	☐	☐
1.4 Been told you have a heart complaint?	☐	☐
1.5 Ulcers or serious indigestion?	☐	☐
1.6 Kidney or "waterworks" problems?	☐	☐
1.7 Jaundice, hepatitis, or liver problems?	☐	☐
1.8 Asthma or similar problems?	☐	☐
1.9 Steroid treatment ever?	☐	☐
1.10 Are you anaemic?	☐	☐
1.11 Have you been tested for sickle cell?	☐	☐
1.12 Severely over or under weight?	☐	☐
1.13 Other serious medical conditions?	☐	☐
1.14 Are you attending or receiving treatment from a Dr, hospital, clinic or specialist?	☐	☐
1.15 Any serious medical problems ever?	☐	☐

Please give details:

2. Major Operations, joint replacements, pacemaker or “implants” of any sort. YES ☐ NO ☐

If YES, please state them down here:

3. Are you taking or receiving any tablets, medicines, or treatment now? YES ☐ NO ☐

If YES, please state them down here:

4. ANAESTHETIC: If you have had a general anaesthetic, however simple, we need to know how long ago it was:
MORE THAN ONE YEAR? ☐ OR HOW MANY MONTHS AGO?..... OR NEVER? ☐
Have you or any member of your family ever had a reaction of any sort to anaesthetics? YES ☐ NO ☐

If YES, please state them down here:

Any further information concerning your medical history. If there is anything that you would like to discuss with the doctor, but prefer not to write down, please tick the box. You should at least tell the doctor if you drink regularly, smoke heavily or use other drugs socially or for pleasure ☐

SEDATIONIST NAME:

I confirm that I have read this medical history and undertaken any further questioning or examination as appropriate. I have explained to the patient the proposed method, and the options for sedation available to the, in terms which in my judgment are suited to the understanding of the patient and/or to one of the parents or guardians of the patient.

Signature……. **DATE……**