



## **PEDIATRIC DENTISTRY**

2121 Abbot Road • East Lansing, Michigan 48823 • 517.337.0032  
Fax: 517.337.8983 Email: [yourchildsdds@gmail.com](mailto:yourchildsdds@gmail.com) [www.yourchildsdds.com](http://www.yourchildsdds.com)

### **INSTRUCTIONS TO PARENTS REGARDING CONSCIOUS SEDATION**

It is important for your child's safety that you follow these instructions carefully.

**Failure to do so could result in serious injury.**

#### **BEFORE YOUR SEDATION APPOINTMENT:**

1. **Eating and Drinking:** To avoid nausea and/or vomiting, and complications during treatment with oral sedation, do not allow your child any food or drink (even water) prior to sedation unless directed by your doctor. The following schedule should be followed:
  - a. **No MILK OR SOLID FOOD AFTER MIDNIGHT** PRIOR TO THE SCHEDULED SEDATION PROCEDURE.
  - b. No Clear liquids (water, juice without pulp, and other beverages you can see through) less than 2 hours prior to sedation.
  - c. No breast milk less than 4 hours prior to sedation.
  - d. No formula, non-human milk, and light foods (NOT fried or fatty foods or meat) less than 6 hours prior to sedation.
2. **Changes in Health:**  
If your child develops a **cold, runny nose, cough, fever, or other medical problems within 2 days of scheduled procedure, please contact our office immediately.** The presence of a respiratory infection and/or congestion may complicate the procedure, and your child may need to be rescheduled.
3. **Medications:**  
Give your child only those medications which he/she routinely takes, such as seizure medications or prophylactic antibiotics, and/or those prescribed by your child's pediatrician or dentist. **DO NOT** give your child any other medications, before or after treatment, without checking with your pediatrician or dentist.
4. **Arrival:**  
**TWO responsible adults** must accompany the patient to the dental office and remain until the procedure is completed. This is to assist in post op monitoring of your child when leaving the office. Plan to arrive 15 to 30 minutes early for your appointment to complete any necessary paperwork and for medication dosing purposes. If you bring other children, please plan on having another adult to attend to them.
5. **Clothing:**  
Please dress your child in appropriate, loose fitting, clothing leaving their feet easily accessible for monitoring purposes. Please avoid using nail polish and jewelry as well. If your child wears a diaper, please bring extras with you to the appointment.
6. **Departure:**  
The patient must be accompanied by two responsible adults when leaving the office (One adult to drive, and another to monitor the child during your travel time). The child should be secured in a car seat or seat belt during transportation, and monitored for signs of breathing difficulty.

### **DURING THE SEDATION:**

1. Your child will be given a dosage of medication based on their age/weight. We ask that after your child has received the sedation medication, you watch them closely as they may become sleepy, dizzy, unsteady, uncoordinated or irritable within a matter of minutes. Keeping your child clam, but distracted from the unfamiliar surroundings and “different” feeling, often is helpful.
2. The legal parent(s)/guardian(s) who have accompanied the child to their appointment must remain at the office throughout the sedation procedure.
3. The dentist and staff will evaluate your child’s status before he/she is discharged home. Children respond differently to the effects of the sedatives, at different rates. Your child should be responsive, but still may be drowsy or fussy when leaving.

### **FOLLOWING THE SEDATION APPOINTMENT:**

1. Once home, your child may still be drowsy and must be supervised until the effects of the sedation have subsided. This process can take anywhere from 1 hour to 6 hours, and is different for every child. It is best to refrain from any activities for the remainder of the day, especially those that might require balance and coordination (biking, swimming, etc.) We suggest letting your child take a nap, positioning them on his/her side with their head supported and chin up. During this time, monitor your child’s breathing every 3-5 minutes. If breathing becomes abnormal, or you are unable to arouse your child contact emergency services (911), physician or our office (517) 337-0032 immediately.
2. Nausea and vomiting are common side effects of an oral sedation. If vomiting occurs, immediately clear the material from your child’s mouth. If vomiting persists for 20-40 minutes, contact our office immediately.
3. A slight fever is not uncommon. You may give your child Tylenol or Motrin. Follow the dosing instructions on the bottle based on your child’s age/weight. Fluids will assist in combating a fever. If the fever remains elevated beyond 12 consecutive hours, or goes above 101 degrees contact our office or emergency services.
4. In addition to the sedation medications, we may need to use local anesthetics to numb certain areas of your child’s mouth. The numb feeling can last 2-4 hours following the procedure. Watch to ensure your child does not bite, scratch, or injure their cheek, lips or tongue.

**Please call the following numbers if you have any questions or concerns:**

**OFFICE: (517) 337-0032     Dr. Jacob Myers (231) 468-9258**

## CONSENT FOR DENTAL TREATMENT WITH CONSCIOUS SEDATION

### Preamble:

This information is being provided so you may make an informed decision concerning proposed dental treatment for your child. You have the right to accept or refuse this plan of treatment. Treatment may change as the dentition is evaluated further with x-rays and a closer examination.

### Rationale:

Our goal is to provide safe, comfortable, quality dental treatment for your child. Dental treatment with conscious sedation is being suggested due to their age, behavior and presence of cavities.

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### Check List of Supporting Documents: (to be initialed by parent/guardian):

\_\_\_\_\_ Sedation instructions given to parents.

\_\_\_\_\_ Use of restraints have been explained.

\_\_\_\_\_ Alternative treatment options presented.

**Child's Weight:** \_\_\_\_\_ lbs    **Last time he/she had anything to eat or drink:** \_\_\_\_\_ pm

### Alternatives:

The alternatives to treatment with conscious sedation are:

1. **No treatment:** If your child's teeth are not treated there is an increased risk for decay, nerve damage, infection, swelling, pain, loss of or damage to primary/permanent teeth, decreased ability to eat or drink, orthodontic problems, increased costs of treatment in the future, or other problems.
2. **Treatment without Sedation:** It may not be possible for the dentist to perform the necessary treatment without sedation. In addition it may be upsetting to your child, and to you, if treatment is attempted while the child is fully awake.
3. **Treatment with Deep Sedation or General Anesthesia:** This alternative is based on your child's age, cavity risk/development and behavior in the dental setting. With this option, your child is completely asleep under general anesthesia which carries other health risks and complications. For that reason, needs to be completed in a hospital setting. The cost may increase due to hospital costs, and may/may not be covered by your medical insurance.

I, the legal guardian of \_\_\_\_\_ do hereby give my permission and consent for the proposed treatment as outlined by the above documents and hereby acknowledge that I have had the opportunity to ask questions and have the procedures explained to my satisfaction. I further understand that there has been no guarantee of results made as a result of this information given.

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Dentist:** \_\_\_\_\_