

Consent for Anesthesia - IV Sedation

Dr. Joshua Waskowitz, DMD and any assistants that he may designate to help, will provide you with intravenous sedation. This sedation will be a "moderate sedation" where you maintain your protective reflexes, however, you will be less aware of your environment and of any discomfort.

Risks:

1. You may be relatively aware of the procedure.
2. You may experience nausea and vomiting.
3. You will remain drowsy and lack time and space judgment after the procedure is completed. This could last up to 8-24 hours.
4. Discoloration of the skin or bruising in the areas of access to the veins or attempted access may persist for days or weeks.
5. Phlebitis(venous inflammation) of the vessels or veins into which medications are placed may be evident for days or weeks.
6. You may experience complications including but not limited to respiratory depression, persistent generalized pain, areas of numbness, swelling, bleeding, allergic reactions, pneumonia, and adverse drug reactions.
7. There is an extremely remote possibility that complications may require transportation to a hospital for treatment. Serious complications may result in brain damage, myocardial infarction, cardiac arrest, stroke, coma, or death.

Alternatives:

1. You can decide not to have IV sedation
2. You can have an orally administered sedative or nitrous oxide sedation.

I understand that the anesthetic agents used will cause drowsiness, lack of awareness and coordination, and that these side effects could be increased by alcohol or other drugs. Therefore, I have been advised and agree to avoid operating any vehicle or hazardous device for at least 24 hours or longer until fully recovered from the effects of the anesthetic. I also agree not to make any major decisions during this recovery period.

It is also understood that the effects of the anesthetic agents used may be harmful to a developing fetus, and may even cause spontaneous abortion, or miscarriage, therefore, I accept full responsibility for informing Dr. Waskowitz of a suspected or confirmed pregnancy with the understanding that this may necessitate the postponement of anesthetic. I understand that I must inform Dr. Waskowitz if I am a nursing mother as well.

Patient Name (PRINT): _____

Patient, Parent, or Legal Guardian(Signature) _____

Date: _____

