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Informed Consent for Nitrous Oxide

Nitrous oxide/oxygen inhalation is a mild form of conscious sedation used to calm an anxious patient. If inhaled effectively, it can raise the pain threshold. This will make the administration of local anesthesia and dental treatment more comfortable for your child. Your child will be closely observed while nitrous oxide is administered, and that observation will continue until your child has fully recovered from the nitrous oxide's effects.

Nitrous oxide/oxygen inhalation, used as an analgesic and anxiolytic, has an excellent safety record.

Potential benefits of nitrous oxide sedation:

- Reduce or eliminate anxiety
- Reduce untoward movement, especially movement in reaction to dental treatment.
- Enhance communication and patient cooperation.
- Raise the pain-reaction threshold.
- Increase tolerance for longer appointments.
- Aid in treatment of the mentally/physically disabled or medically compromised patient.
- Reduce the gag reflex.

Risks include but are not limited to the following:

- Nausea and vomiting are the most common adverse effects, occurring in 0.5% of patients.
- Headache and/or slight disorientation may occur following treatment if 100% oxygen is not administered for three to five minutes.
- Nasal congestion or difficulty breathing through the nose properly may prevent nitrous oxide from being effective.
- Behavior in some autistic patients may be negatively affected.

Contraindications: Pregnancy, Risk factors for B12/folate deficiency, Malabsorption pernicious anemia, Atrophic gastritis, Gastrectomy, Whipple's disease, Ileal resection, Crohn's disease, Prolonged antacid use, Intestinal bacterial overgrowth, Intestinal parasites

I understand that nitrous oxide sedation may not be covered by my insurance company. It is my responsibility to verify coverage prior to my child's appointment. If this procedure is not covered, I will accept responsibility for the fee.

I further understand that using nitrous oxide sedation does not guarantee that dental treatment can be provided successfully for my child. I understand that I am responsible for the nitrous oxide fee, even if dental treatment cannot be completed due to lack of cooperation.

Date: _____

Signed by legal guardian: _____ Legal name _____

Patient Name: _____