



Nitrous Oxide Informed Consent Form

To help lower your anxiety during dental treatment and contribute in making your appointment(s) more pleasant, inhalation (breathing) sedation using a combination of nitrous oxide (sometimes called laughing gas) and oxygen (hereafter N₂O) is available. Typically most patients find the N₂O to be effective at controlling their anxiety with little to no ill effects. However, in some cases, the level of effectiveness can be unpredictable and in rare cases patient may experience undesirable reactions to N₂O despite our best efforts to minimise this from happening. These problems include – but are not limited to – nausea and vomiting, allergic reactions, breathing problems, heart problems and blood pressure problems. You may also experience excessive perspiration (sweating), behavioural problems and shivering.

FEMALES:

If you suspect you are pregnant, it is critical that you inform us immediately. The use of N₂O is a possible risk to your unborn baby; therefore we advise against the use of N₂O during pregnancy. There is a risk of birth defects or sudden miscarriage if you use N₂O during your pregnancy.

INSTRUCTIONS DURING N₂O USE:

Your mask must remain firmly in place during the entire period. Do not breathe through your mouth. Breathe through your nose only. Notify the dentist if you are experiencing difficulty breathing through your nose. You cannot talk while N₂O is being used. Talking blows N₂O into the room, lessening the desired effect for you and exposing the dental staff to N₂O.

POSTOPERATIVE GUIDELINES:

Recovery from N₂O is rapid. The gas will be flushed from your system with oxygen. If you feel dizzy after the sedation, remain seated. The sensation usually passes in a few minutes. Do not leave the practice until your head feels clear and you are able to function safely. You may not feel capable of driving after N₂O. If this occurs, we will keep you until you feel better or have you call a friend or taxi to ensure your safety.

I (We) have read the above and was/were given the opportunity to ask additional questions. I (We) freely give my (our) informed consent for the use of nitrous oxide during dental treatment at Glen Forrest Dental Care. I (We) understand that no guarantees are made regarding any medical or mental results associated with use of this sedation technique.

Patient / Guardian Signature _____ Date _____

Patient / Guardian Printed Name _____

Dentist Name and Signature _____ Date _____