Tots N' Teens Pediatric Dental Specialist

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Nitrous Oxide (Laughing Gas) Informed Consent

Child's name

I hereby give my permission for the dentists and staff of Tots N' Teens Pediatric Dental Specialist to perform nitrous oxide on my child named above. It is explained to my satisfaction the following and I understand that nitrous oxide (laughing gas) is a safe method of "anxiolysis". It is only effective for mild to moderate levels of anxiety, and also reduces gag reflex. It is well tolerated and has a rapid onset and is reversible.

The benefits that my child can expect from nitrous oxide include:

Reduced anxiety and discomfort, reduced gag reflex which make it easier for my child to cope with dental treatment.

Contraindications for nitrous oxide (laughing gas): Is the patient affected by any of the following?

Does the patient have a cold, or other conditions that can impede adequate breathing through the nose?	☐ Yes	☐ No
Is the patient or the parent who is staying in the room pregnant?	☐ Yes	☐ No
History of middle ear infections, sinus inflammation or blocked Eustachian tubes? (Nitrogen diffusion can cause pressure buildup and damage the tympanic membrane.)	☐ Yes	☐ No
Obstructed bowel or problematic gas distention? (Severe gas pain can develop.)	☐ Yes	☐ No
Detached retina or surgical treatment to the ocular area with a gas bubble? (Eye surgeons sometimes inject gas during retinal surgery. This can expand with nitrogen diffusion. In rare cases, blindness can result.)	☐ Yes	☐ No
Bleomycin sulfate therapy?	☐ Yes	☐ No
Any severe cardiac conditions or COPD?	☐ Yes	☐ No

Potential side effects include, but are not limited to, the following:

1. Nausea and vomiting: this is the most common side effect of nitrous oxide. The level of nitrous oxide can be adjusted to eliminate this side effect.
2. Behavioral problems: some patients will talk excessively. It may be difficult to treat my child because he/she is so talkative, or experiences vivid dreams associated with physical movement of the body.
3. Shivering: it is not common but it may be uncomfortable. It usually develops at the end of the treatment when the nitrous oxide is terminated.
4. Excessive perspiration: sweating may occur during the procedure and my child may become somewhat flushed during administration of nitrous oxide.
5. Expectoration: removal of secretions may be difficult but can be controlled by use of a suction tip.
6. The child may become emotional or irritable after the use of laughing gas. It should be a short period of time; don't be alarmed.

What are my alternatives?

No treatment is an option. However, avoidance of dental care due to fear and anxiety of the dental experience may precipitate further dental and overall health problems. Proceeding with dental care under a state of anxiety may lead to fainting, palpitation, increased blood pressure and pulse or other heart-related disorders related to the "fight or flight response." Other possible alternatives include: 1. Oral conscious sedation, 2. IV sedation, 3. General anesthesia.

I, the undersigned, understand that it is my responsibility to notify this office should any unexpected problems occur or if any problems relating to the treatment rendered are experienced.

Informed consent

I have been given the opportunity to ask questions regarding the nature and purpose of nitrous oxide and have received answers to my satisfaction. I voluntarily undergo this treatment in hopes of achieving the desired results from the treatment rendered though no guarantees have been made regarding the outcome. I hereby assume any and all possible risks, including the risk of substantial harm, if any, which may be associated with any phase of this treatment. The fee(s) for these services have been explained to me and I accept them as satisfactory. By signing this form, I am freely giving my consent to authorize the dentists and staff of Tots N' Teens Pediatric Dental Specialist involved in rendering the services or treatment necessary to the existing dental condition, including the administration and/or prescribing of any anesthetic agents and/or medications.

Patient's name (please print) | Relationship to patient | Date

Signature of parent / legal guardian | Witness to signature | Doctor's signature