



Coral Dental Sedation and Anxiety Centre

CONSENT TO CONSCIOUS SEDATION FOR MEDICAL/DENTAL PROCEDURES.

I have been fully informed and declare the following:

1. I understand the nature of Conscious Sedation, the purpose of the procedure and the risks involved. I understand that no guarantee can be given with regards to the results obtained: Conscious sedation entails the administration of sedative and analgesic drugs to induce a reduced level of consciousness to such an extent that normal protective airway reflexes and spontaneous respiration are maintained, and cardiovascular function is unaffected. Conscious Sedation together with regional/local anaesthetic will put me/the patient, in a relaxed state to make minor surgery/dentistry possible, I understand that it is **not general anaesthetic and that I will not be unconscious**, and I will be able to respond to the instructions of the surgeon and/or sedationist.

2. Unforeseen complications may arise during sedation that may require additional or different medications or treatment. I authorize the sedationist to treat such complications according to his/her professional judgement.

Possible complications: Unintended loss of consciousness.

Side effects: Shivering 6%. Drowsiness/Dizziness. Mild allergy to drugs.

Headaches 8%. Post sedation nausea and vomiting 0.7%.

3. I consent to the administration of such sedation drugs as may be considered necessary or advisable by the practitioner responsible for this service.

4. I understand that only one parent/escort will be allowed in the surgery whilst I/the patient is going under the sedation, then parents/escorts must wait in the waiting area until called by our recovery personnel.

5. I have had the opportunity to ask questions and I have been given the opportunity of alternative methods of treatment to my satisfaction.

6. I confirm that I have received written/oral instructions regarding the sedation, which I understand. I will abide by the pre-and postoperative instructions. I have completed a medical history questionnaire and have declared all drugs that I have taken during the last 6 months.

