



PDG

Pediatric Dental Group Inc.

Minimal and Moderate Sedation Pre-op and Post-op Instructions

It is important for your child's safety that you follow these instructions carefully.

- Eating and Drinking** To avoid vomiting and complications during treatment with sedation and anesthesia, **DO NOT** allow your child any solid food 6 hours before your appointment. Your child may have clear fluids (e.g. clear apple juice, water) for up to 3 hours before the appointment.
- Change in Health** If there are any changes in the child's health, such as a chest cold or fever within 7 days before the day of treatment, please reschedule the appointment. Inform the office of any change in health before your appointment.
- Arriving** A responsible adult must accompany the patient to the dental office and must remain until treatment is completed. Upon arrival your child will be weighed and given the medication. You will then wait with your child in the reception area while the medication takes affect. During this time your child will be monitored with a clinical team member.
- Medications** Give your child only those medications that he or she takes routinely, such as seizure medications or prophylactic antibiotics, and those prescribed by your child's physician. Inform the clinical team member of any medication routinely taken for your child's records. **DO NOT** give your child any other medicines, before or after treatment, without checking with the office. Please inform the clinical team member of any medication taken the day of the appointment.
- Activities** **DO NOT** plan activities for the child after treatment. This includes no school and no sports. Allow the child to rest. Closely supervise any activity for the remainder of the day. You may receive a post op call later in the day to check on how your child is doing and to answer any questions you may have. Some children experience a paradoxical effect that may include temporary emotional behavioral changes, double vision/hallucinations. All muscles will be temporarily weakened while your child is still recovering from sedation. Please prepare to assist your child with walking.
- Getting Home** Your child must be accompanied by a responsible adult. **Two responsible adults are recommended.** Someone should be available to drive the patient home. The child should be closely watched for signs of breathing difficulty and carefully secured in a car seat or seat belt during transportation. A second adult to sit in the back with the child is recommended.
- Drinking & Eating after Treatment** It is important for your child to be well-hydrated after treatment. The first drink should be plain water then clear sweet drinks can be given. Small drinks taken repeatedly are preferable to taking large amounts. Cool soft food may be taken when desired and in small portions.
- Numbness of Cheeks/Lips & Tongue** Your child's cheeks, lips and tongue may be numb after treatment. Please watch your child carefully for several hours to make sure he/she does not bite the cheeks, lips or tongue.
- Pain Management** Children's Acetaminophen (e.g. Tylenol) or Ibuprofen (e.g. Advil or Motrin) every 6-8 hours will help alleviate discomfort and sore gums.
- Call us if**
1. If vomiting lasts longer than 4 hours.
 2. If the temperature remains elevated longer than 24 hours or goes above 101°F (38°C).
 3. If there is any difficulty breathing.
 4. If any other matter causes you concern.

Please call our office if you have any concerns relating to your child's treatment. After hours emergency pager number will be provided on the answering machine when the office is closed.

Suite 200, South Tower
650 West 41st Avenue
Vancouver, B.C. V5Z 2M9
Pediatric Dentistry: 604-263-2422
Orthodontics: 604-263-2727
Fax: 604-263-3710

Unit 101, 2973 Glen Drive
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Pediatric Dentistry: 604-945-8978
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Certified Specialists in Pediatric Dentistry

Donald W. Scheideman, DMD, Dip Peds, FRCDC
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Carter K. Ng, DDS, Dip Peds, MSc, FRCDC
Bradford W. Scheideman, DMD, Dip Peds, FRCDC
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Certified Specialists in Orthodontics

Donal C. Flanagan, DDS, MS, FRCDC
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Consent for Minimal or Moderate Sedation

Patient's Full Name: _____ Date of Birth: _____

I hereby authorize Dr. _____ to perform the necessary dental treatment on me/my child utilizing minimal or moderate sedation techniques.

I understand that the procedure will require minimal or moderate sedation, and I consent to the administration of this by the above-named practitioner administering the minimal or moderate sedation.

I have been informed of the fee (\$ _____) per appointment for the provision of minimal or moderate sedation in the office based on the type of sedation and duration of dental treatment.

I also understand that during the course of treatment, unforeseen circumstances may arise that make it advisable for an additional or alternate procedure to be performed, which I also consent to being performed.

I acknowledge receiving a copy of the pre-operative and post-operative instructions which have been explained to me. After discharge, I will notify the above-named practitioner if experiences of acute pain, heavy bleeding from the surgical site, respiratory problems, or any other post-operative problems are encountered.

Patient/Parent/Guardian Signature

Date

Witness

Date

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