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Consent – Nitrous Oxide

Most dental procedure are elective in nature, therefore alternative forms of treatment are available including no treatment. The use of nitrous oxide for anxiety control is not for every patient. If a patient is overly anxious it could possibly increase the anxious feeling.

Nitrous oxide is a gas that has been used to provide pain and anxiety relief to patients for many years. It was discovered over 150 years ago and is used with oxygen to help alleviate anxiety and mild discomfort without unwanted side effects. The effects of the gas are quickly reversed with a 3-5 minute dose of 100% oxygen.

The equipment used in this clinic is safe and allows no more than 70% nitrous oxide and no less than 30% oxygen to be delivered to the patient. Although the equipment allows up to 70% of nitrous oxide to be used, the average patient only needs between 20% and 40%. This amount can vary at each visit for each patient and is determined by the dentist during the treatment by closely monitoring patient responses. The gas does not cause the patient to feel sleepy. Sometimes patients do fall asleep because they can feel so relaxed. Usually the patient is awake and fully conscious and is able to respond to the staff. The body's protective mechanism of coughing and gag reflexes is not affected. Patients are monitored throughout treatment and are never left alone.

Effects of the gas can be felt in varying degrees. They include: tingling in the fingers, toes, head or chest; a heaviness in legs followed by a light, floating feeling; a hypernasal tone of voice; a warm flushed feeling in the cheeks. Some side effects of higher levels of the gas are nausea, vomiting, dizzy or lightheadedness, agitation, and dreaming. Lowering the percent of nitrous oxide and increasing the percent oxygen quickly and easily reverses these effects.

There is a \$30.00 fee for Nitrous Oxide sedation.

I understand and accept the use of Nitrous Oxide/Oxygen sedation for dental treatment. This consent shall remain in effect for 12 months from today's date unless I withdraw consent in writing.

Patient (or Guardian) Signature

Date