

Pre-Sedation Instructions

Information for patients having treatment under sedation

You have been offered sedation to help you relax. Most people find this is a pleasant and acceptable way of receiving treatment. After receiving the sedation agent through a scratch on either the back of your hand or on the underside of your arm you will feel drowsy and relaxed.

During the procedure you will feel peaceful and largely unaware of what is going on. Most patients remember very little if anything about their treatment. At the end of the session you will be allowed to sit in the surgery until you have recovered enough to be discharged home.

It is very important that you observe the following instructions, or your treatment may have to be postponed.

- You must not eat or drink anything for 3 hours prior to your appointment time. Before this you should have a light meal (toast and tea, coffee or fruit juice). No alcohol is to be consumed 24 hours prior to the appointment.
- You must be accompanied by a responsible adult. He/she must escort you home afterwards and arrange for you to be looked after for the following 24 hours.
- If you are taking any medications they should be taken at the normal times and brought with you so the dentist may know what they contain.
- Any illness occurring before the appointment should be reported immediately as this may affect your treatment.
- Ensure nail varnish and false nails are removed.
- Your escort should take you home after treatment by private car rather than by public transport.

- You must not drive any vehicle, operate any machinery or use any domestic appliance for 24 hours following sedation.
- You must not drink any alcohol, return to work, make any important decisions or sign any legal documents for 24 hours after sedation.

If you follow these instructions, you will find your treatment under sedation both pleasant and uneventful. Please feel free at any time to ask the nurse or clinician any questions that you may have about your treatment.

Consent of Treatment

Patient Name:

Date of Birth:

I consent to the administration of IV or IN sedation as is required for the said treatment.

Date:

Signed: