



Dental Office, Linh Tsai, D.D.S., A Prof. Corp.
1285 Carlsbad Village Drive, Carlsbad, CA 92008
(760)730-3456

Special Informed Consent for Behavior Management Techniques & Sedation

N2O Oral Sedation IV/GA Sedation

Treatment Aids:

- Papoose Board/Pediwrap: A restraining devices for limiting disruptive movement. This is necessary so patient does not injure self and staff. Risks may include bruising and red marks around the wrist.
Head Immobilizer: A head restraining device for limiting head movement. This is necessary so patient does not injure self and staff. Risks may include bruising and red marks around the ears and forehead.
Mouth Prop: A device placed in the child's mouth to eliminate closing when a child refuses or has difficulty maintaining an open mouth. Risks may include increased mobility or lost of a loose tooth.
Tell-Show-Do: Staff explains what is to be done using simple terminology and repetition and then shows the child what is to be done by demonstrating with instruments on a model or the child's finger. Then the procedure is performed exactly as described.
Voice Control: The attention of a disruptive child is gained by changing the tone or increasing the volume of the voice. Content of the conversation is less important than the abrupt or sudden nature of the command.
Positive Reinforcement: rewards the child who portrays any behavior which is desirable.

The doctor has discussed with me the Behavior Management techniques, treatment, alternative treatments, benefits, risks, consequences of no treatment, compromises, options, limitations of treatments and financial considerations. I acknowledge that all my questions and concerns have been answered and explained. I have also read this content form and understand to my satisfaction the techniques and treatment and have not been forced or influenced to accept their use. I further understand that because of the unpredictability of children's behavior, I should plan to put aside a least half a day (am or pm). I also understand that only 1 parent can be in the treatment room while oral conscious sedation is taking place.

I _____, as the legally responsible parent/guardian of _____ (child's name), give my consent for the use of Behavior Management Techniques that have been checked and deemed appropriate by the doctor so as to enable the office to render the necessary treatment as explained to me. I have received the Sedation Dentistry Before and After Care instructions, Sedation Explanation form, and the Explanation of Required Treatment form.
Date: Time:
Relationship to Patient
Signature of Parent/Guardian/Responsible Party: Please Sign Electronic Copy at the Office

This consent form is used as a framework, model and checklist to assist the doctor in a clear explanation of the treatment to be rendered and special techniques that may be necessary to accomplish treatment. ALTHOUGH IT IS OUR INTENT THAT YOUR CHILD BECOMES SEDATED ENOUGH FOR US TO PERFORM DENTAL TREATMENT ON HIM/HER, IT IS VERY UNPREDICTABLE HOW THEY WILL ACTUALLY REACT. DURING ORAL CONSCIOUS SEDATIONS, SOME CHILDREN MAY STILL CRY/MOVE AROUND AND SCREAM, BUT IF THEY ARE NOT SEDATED, THEIR ANXIETY WOULD BE MORE EXAGGERATED.

Each technique to be used is verbally explained to the parent/guardian and when appropriate to the child.



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Required Treatment: I understand that my child requires the following treatment:

Cleaning **Fillings** **Extraction** **Sealants**
 Crown **Space Maintainers** **Pulpotomy/Pulpectomy**

Local Anesthetic: (Numbing) Local anesthetics is needed to eliminate or minimize any pain associated with dental treatment. We use a computerized system called the STA (aka: the Wand) to lessen any discomfort associated with the numbing procedure. This may cause prolonged numbness of the face, cheek, lips, chin, tongue and taste buds of the tongue. These areas can also experience altered feelings such as itching, tingling or burning. In some cases the numbness, loss of taste and altered feeling may be permanent and require special surgical procedures in an attempt to reverse the condition (on rare occasions). For some children the temporary sensation of "numbness" may be fascinating and may suck, bite, pull or chew the area. We strongly caution you to observe your child during this time and prevent them from harming themselves.

Cleaning: Plaque build up on teeth result from many type of foods. If plaque is not removed from teeth it can cause cavity and irritation to the gum tissue making it tender, red and bleed easily. If left untreated it may result in bad breath, yellow teeth and bone loss. Dental cleaning can also remove most stains. Much of the success of cleaning depends upon the quality of home care and oral hygiene. After the cleaning, fluoride treatment is done. Fluoride makes teeth strong and can help to prevent cavities. Your child should refrain from eating or drinking for at least 30 minutes to allow time for fluoride to take its action. If excess fluoride is digested, vomiting may occur.

Filling: Filling is usually placed in teeth that have small cavities. Following the removal of cavity from the tooth, the tooth is filled with a filling material. We only use white filling materials at our office. The filling materials used are either Ketac Nano (a glass ionomer), or composite resin. The benefit of filling decayed teeth is that it usually allows teeth to be saved that would ultimately have to be removed due to pain and infection. Timely restoration of teeth by a filling is the least expensive way to maintain a full set of teeth and dental health.

Extraction: A tooth that is recommended to be extracted is typically b/c of an abscess or infection. Following a tooth extraction there may be post operative bleeding, swelling, discomfort and infection, as well as stiff or sore jaw joints and limited opening of the mouth. There may be a loss of feeling in the lips, tongue, and surrounding tissue that may be permanent and require special surgical procedures in an attempt to reverse the condition—in rare cases. During the extraction, adjacent teeth may be damaged. Some tooth fragments may stay in the gum which may work their way through the gum tissue during healing or may have to be removed if they become infected. Failure to extract a tooth that needs to be removed may cause infection of both the bone and soft tissues and in extreme cases, may be life threatening.



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Sealant: Sealants are plastic coating that is bonded to the chewing surfaces of posterior (back) teeth to cover the grooves. Sealants make the surface of teeth smooth and make it easier to clean effectively by brushing. Sealants help to prevent cavities but do not replace brushing and flossing. Sealants may need to be replaced or repair periodically. This is especially the case if patient is not selective in avoiding hard crunchy food ie: chew on ice/nuts. Placement of sealants does not guarantee the tooth to be free of cavity. We will take care of any repairs of sealants place by us for a period of 1 year.

Pulpotomy/Pulpectomy: Pulp treatment in primary teeth is similar to root canal treatment in adult teeth. The nerve of the tooth is exposed, cleaned and filled with a medicament. Pulp treatment is not always successful (it is hard to predict how the patient will heal to the treatment), but it is an attempt to save the primary tooth for as long as possible. If the body does not heal well/respond well to treatment, then failure of a pulp treatment may result in infection, pain and extraction of the tooth. The standard of care is that following a pulp treatment the tooth needs to be restored with a crown in order to prolong the life of the tooth.

Crown: Crowns are used to completely cover the tooth that had pulp treatment, weakened by decay, cracked, discolored or damaged. Crowns will improve the strength and appearance of teeth. Posterior teeth will receive crowns that are stainless steel (silver). A composite (white) crown may be used in some cases. There are increased risks of it fracturing due to more stress from molar teeth during chewing. In which case, it may need to be replaced more frequently. Anterior teeth will receive crowns that are resin (white) or other materials which the doctor has explained to you previously. The crown must be brushed and cleaned just like other teeth. Sticky foods such as caramels, taffy, and chewing gum can pull the crown off and should be avoided. If this should occur, you need to bring your child in for re-cementation. Being a safe material, the glue we use is made up of mostly water soluble substances, therefore, over time, the glue may become loose. If this should occur, you also need to bring your child in for re-cementation.

Space Maintainer: Space maintainers are needed when a primary tooth is lost prematurely due to decay or injury. The gap left needs to be held open for the permanent tooth to erupt in the correct position. Space maintainers do not guarantee prevention of orthodontic treatment in the future. Plastic teeth may be used to cover the empty space (pedo-partial) at the discretion of the doctor. Space maintainers are cemented in the mouth by temporary cement and may become loose with time. Care must be taken to avoid loss or damage to the space maintainer. Sticky foods such as caramels, taffy, and chewing gum can pull the space maintainer off.

~ Although it is not possible to guarantee results of treatment, our primary concern is the well being of your child, remove the dental infection, and making sure your child have a pleasant dental experience. Please review this information with regards to the proposed treatment, and call us to discuss any questions you may have.



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SEDATION

Facts for consideration:

Occasionally, during dental treatment pediatric patients cannot understand or cooperate due to psychological or emotional immaturity, or fear/anxiety. Under such conditions they may become dangerous to themselves, the staff, and the dentist. In addition to behavior management through communication techniques (tell-show-do) or immobilization to provide safe delivery of dental treatment, Dr. Tsai may also identify the need for sedation to enhance your child's comfort.

If your child has a dental phobia, low pain tolerance, major dental treatment, physical handicaps or strong gag reflexes, they may require sedation. Procedures such as fillings, crowns, pulpotomies, and extractions often require sedation. There are different types of sedation that are offered at our office. **(Please inform the office if your child becomes sick ie: high fever or has a cold prior to any sedation, we may need to reschedule for a day that patient is well.)**

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Nitrous Oxide (laughing gas) (N₂O)

This is an analgesic and mild sedative used by many pediatric dentists. It is a very safe odorless gas/oxygen mixture which is inhaled by a nasal mask and takes effect after 5-10 minutes. The patient is observed while nitrous oxide is administered and until the patient is fully recovered from its effects. Nitrous oxide in the dental office is never used as a general anesthetic, meaning it does NOT put a child to "sleep". For this reason, local anesthetic is still necessary, but it will be much more comfortable to receive. N₂O decreases fear, anxiety, apprehension, and pain sensation. It will enable MOST children to remain relaxed for their dental treatment.

Rare side effects may include nausea/vomiting. To help minimize any side effects, we ask that you keep your child on EMPTY stomach for 4 hours prior to the appointment time. Clear liquid is okay, no solids please. The actual effect from the N₂O is gone several minutes after it is stopped. **Potential benefits** are that the patient remains awake and can respond to directions and questions.

Oral Sedatives

Conscious sedation is a controlled, drug induced, minimally depressed level of consciousness that allows the patient to breathe independently and continually respond appropriately to physical stimulation and/or verbal command, ie: open your eyes. This sedation is administered orally (a drink). Please have patient be on empty stomach, no milk or solids, for 6 hours prior to appointment time. Clear liquid up to 3 hours before the appointment time.

Risks include: Dizziness, nausea, and vomiting can occur. Adverse reactions to medication including allergic and life threatening reactions are possible though rare. Complications may require hospitalization or even result in brain damage or death. With any patient, reflexes are delayed. Children should spend a quiet rest of the day as the sedation may take until the next day to wear off completely. Other side effects that may occur are: **Angry Child Syndrome**—where children become angry in their sedated state because they cannot control the way they are feeling. They may become irritable, yell, or even become slightly violent. This is a normal response that will remedy once the medicine has worn off. **Hiccups**—Children are often prone to get hiccups after being sedated. **Potential benefits** are that pain is lessened or eliminated during the dental treatment. Stress and anxiety are greatly reduced and often there is no memory of the treatment.

IV Sedation

Deep sedation/ Light General Anesthesia is a controlled, drug induced state of depressed consciousness from which the patient is not easily aroused, which may be accompanied by a partial loss of protective reflexes including the ability to maintain an open airway independently and/or respond purposefully to physical stimulation or verbal command. This type of sedation will be done w/ a board certified anesthesiologist in our dental office once a month. The anesthesiologist will address the pre-operative and post operative instructions with the parent directly. This option will allow all treatment planned work will be done in one visit.



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Preparation for Oral Sedation

Before Dental Appointment:

1. Please call the office if your child becomes sick or develops a fever, cough, sore throat or has a runny nose w/in 2 days before the dental appointment. Another appointment will be scheduled.
2. Medication is given by mouth. Therefore, your child must have an empty stomach in order for the medication to be absorbed and be effective. **Do not give your child milk or any solid foods for 6 hours prior to the dental appointment time. They can have clear liquids, ie: apple juice up to 3 hours before the appointment time.**
3. Your child must be accompanied by a parent/guardian who must stay at the office for the duration of the dental appointment. Only one parent/guardian is allowed in the treatment area, with no siblings.
4. If bringing siblings, they must be supervised by you at all time in the reception area. Please note that siblings are not permitted in the procedure area and any siblings under the age of 18 must be supervised by a parent or legal guardian in the reception area.
5. If you are driving, make arrangements to have another adult in the car with you to assist on the trip back home. Use a seat belt and an appropriate car seat to protect your child in the car.

After the Dental Treatment:

1. Although your child is awake after the dental work has been completed, he/she may be drowsy and may want to sleep for a few hours or most of the day.
2. Immediately after the dental treatment, your child may be hungry and thirsty. At this time, your child may drink only clear liquids. Because your child may still have the effects of the local anesthesia, please instruct the child not to bite the lip, tongue or cheek. You need to supervise your child until the local anesthesia wears off.
3. At home, encourage your child to drink plenty of liquids, and serve him/her soft solids such as jello or applesauce. Chewing hard food may cause the child to bite the lip, tongue or cheek.
4. Supervise your child's activities for the rest of the day. He/she may be slightly unsteady and should not be allowed to play outside or climb on stairs with out close supervision.
5. Some children may be irritable or experience nausea and vomiting. If your child has to throw up, let him/her do so. Do not attempt to prevent the child from throwing up.
6. If you have any questions or concerns, either before or after your visit, please call our office.