

## INFORMED CONSENT FOR NITROUS OXIDE (LAUGHING GAS)

The permission of a parent or legal guardian is necessary for dental treatment of a minor before any treatment can be started or completed by our office. While signing this form gives consent for us to treat your child, we encourage you to speak to any of our staff members, especially the Doctor, if you have any questions regarding your child's specific needs or treatment being provided.

### **Nature of Nitrous Oxide**

Nitrous Oxide (laughing gas) when used in dentistry is a blend of Nitrous oxide and Oxygen. Most children are calm and comfortable in a pediatric dental office, but sometimes children become anxious either before or during treatment. If your child needs more than a gentle, caring manner to feel comfortable, the Doctor will recommend Nitrous oxide. Nitrous oxide/Oxygen is a safe, effective sedative agent used to calm a child's fear of the dental visit and enhance effective communication.

### **Reasons for using Nitrous Oxide**

Nitrous Oxide can be a safe and effective technique to manage anxiety. A patient must cooperate with nasal hood (nose piece) placement, and breathing in and out the nose for gas to be effective.

### **Alternatives to using Nitrous Oxide**

The alternative to nitrous oxide is utilizing local anesthesia and behavior management techniques without the use of the nitrous oxide.

### **Risks of Nitrous Oxide**

Nitrous Oxide is generally extremely safe. The most common side effects noticed are

- |   |  |
|---|--|
| <input type="checkbox"/> Lightheadedness                | <input type="checkbox"/> Nausea/Vomiting                 |
| <input type="checkbox"/> Decrease in mental performance | <input type="checkbox"/> Decrease in audiovisual ability |
| <input type="checkbox"/> Decrease in manual dexterity   |  |

There are some medical conditions that increase risks when Nitrous Oxide is used. Please notify the Doctor and the PDO dental team if your child is currently diagnosed with or has a history of:

- |   |  |
|---|--|
| <input type="checkbox"/> COPD (chronic obstructive pulmonary disease) | <input type="checkbox"/> Bleomycin Sulfate treatment |
| <input type="checkbox"/> Sickle Cell Anemia                           | <input type="checkbox"/> Pregnancy                   |
| <input type="checkbox"/> Current ear infection                        |  |

### **Patient's Consent**

I have read and fully understand this consent form. I understand that I should not sign this form if all items, including all my questions, have not been explained or answered to my satisfaction. I also understand that I should not sign this form if I do not understand any of the words contained in this form.

I authorize the Doctor to utilize nitrous oxide gas to help my child relax when receiving dental treatment.

\_\_\_\_\_

Parent/Guardian's Signature

\_\_\_\_\_

Today's Date

\_\_\_\_\_

Name of patient receiving treatment

\_\_\_\_\_

Witness's Signature