



Consent informed for Conscious Sedation during dental and maxillary procedures

Name of the patient:

Anesthesiologist:

Date:

The surgical procedure-odontology you go to be subjected of voluntary form It can associate some annoyances (pain, discomfort, nervousness, anxiety). With the aim to minimize said annoyances and ensure an optimum comfort and tolerance during the realization of the procedure will make you a conscious **sedation**.

What is the conscious sedation?

It consists in the administration by part of the anesthesiologist of anesthetic medication oral or intravenous road that will provide him some degree of relaxation and/or somnolence that will diminish his anxiety and will achieve no unpleasant external stimuli (noise, cold, conversations). This technician makes under monitoring of the cardiac frequency and of the peripheral blood oxygenation.

The conscious sedation has like main aim keep him calmed, comfortable, without pain and partially communicative with the professional team that attends him. After the ending of the surgical procedure-odontology you will be able to be given of high to his domicile.

Possible risks

The effect of the drugs administered always has a variability interindividual in function of the age, weight, interactions with medication that you take usually and his previous medical antecedent. The conscious sedation always walks in the border with the unaware sedation (general anaesthesia). Between the potential risks finds the excessive sedation, hypotension, broncoaspiration of secretions and/or blood or even respiratory depression.

To avoid and treat any possible complication the anesthesiologist will be controlling all the process of sedation from beginning to end, helped by the monitoring and pertinent pharmacological support.

Personalized risks

In function of his personal medical antecedents to the previously quoted risks
can him add?
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has informed me of the forcing to adopt the following previous measures to the
treatment:

- Not taking solid foods 6 hours before the procedure neither take liquids until 2 previous hours.

- Follow with my usual medication (unless it indicate me the contrary).
- Warn before the start of the procedure of any anomaly or problem that have been able to appear from the last visit (pain, fever, inflammation).

Likewise, I have been informed of the following norms to be followed after the treatment:

- Abandon the dental clinic accompanied of a familiar or fellow.
- Not driving vehicles of any type during 12 back hours to the treatment.
- Not making activities potentially dangerous during 12 back hours to the treatment.
- No drink an alcohol neither any another type of toxic substance during 12 back hours to the treatment.

Also I have put in knowledge of the medical team all those personal circumstances (medication, allergies, toxic habits, drug addictions or previous surgical treatments) that they can increase the medical risks of the procedure.

I declare that I have been informed of comprehensible form by the responsible anesthesiologist of the anesthetic technician and of the risks of the procedure. I am satisfied with the information received, have been able to formulate questions and have been cleared the doubts that could have on the sedation. Therefore I accept the profits that said technical can report me.

I authorize to the Dr. To make the anesthetic procedure that has been me proposed. That the award this consent does not suppose any renunciation to my medical rights-legal, as well as can anytime revoke the consent given.

Signatures:

Dr.

Patient or Medical legal

Representative informant