

Laughing Gas

The purpose of this Informed Consent Form is to provide an opportunity for patients (and/or their parents or guardians) to understand and give permission for the use of laughing gas when provided along with dental treatment. I accept and understand that laughing gas provides relaxation, although I will be awake, fully conscious, aware of my surroundings, and able to respond rationally to inquiries and directions. I accept and understand that the use of laughing gas is not required to provide the necessary dental care. I accept and understand that the purpose of laughing gas is to make it more comfortable for me to receive the necessary dental care with less pain and/or anxiety. I also accept and understand that the use of laughing gas has limitations and risks and absolute success cannot be guaranteed. I accept and understand that laughing gas will be administered by way of the inhalation route.

I accept and understand that the alternatives to laughing gas are:

- a. No laughing gas: The necessary procedure is performed under local anesthetic only.
- b. Anxiolysis: An induced state of consciousness where an individual is awake but has decreased anxiety
- c. Oral or Intravenous Conscious Sedation: Sedation that will put me in a minimally to moderately depressed level of consciousness.
- d. General anesthesia/Deep Sedation: A patient under general anesthetic has no awareness and must have his/her breathing temporarily supported. General anesthesia is appropriate for more invasive procedures.

The use of laughing gas has been fully explained to me, including all risks involved. I have been fully informed that temporary complications may include, but are not exclusive of: tingling in the fingers, toes, cheeks, lips, tongue, head or cheek area; heaviness in the thighs and/or legs, followed by a lighter floating feeling; resonation in the voice or presence of a **hypernasal** tone; warm feeling throughout the body, with flushed cheeks; fits of uncontrollable laughter or giddiness; detachment or disassociation from environment may occur; intense and uncomfortable warm and/or hot feeling throughout the body; lightweight or floating sensation with an accompanying "out of body" sensation; sluggishness in motion and slurring and/or repetition of words; feeling of nausea; vomiting; agitation; and/or hallucination. **All of these complications are temporary.**

I have informed the doctor of my complete medical history including any recent surgeries or changes in my medical history involving lung, respiratory, ear infection or common cold. I also accept and understand that I must notify the doctor of my present mental and physical condition. I accept and understand that I must notify the doctor if I: (1) am pregnant, (2) have sensitivity to any medication, (3) have recently consumed alcohol, and/or (4) am presently on psychiatric mood altering drugs or other medications, and/or (5) any other conditions a reasonable health professional would want to know before proceeding with treatment.

I have had the opportunity to discuss the laughing gas in conjunction with my dental care, and have had an opportunity to ask questions, and am fully satisfied and ready to proceed in light of the answers I received. I hereby give my consent for the treatment stated above.