



The doctor has recommended that your child's dental treatment be completed using oral conscious sedation. Our utmost priority at Smile Stars is the safety and wellbeing of your child.

Due to anxiety and fear of dental care, many children need a special procedure to allow their treatment to be done safely and efficiently. Oral conscious sedation is the use of a sedative drug administered orally in the dental office prior to dental treatment. Sedation can help increase cooperation and reduce anxiety and/or discomfort associated with dental treatment. These sedative drugs minimally depress the level of consciousness, while allowing the child to independently and fully maintain their breathing and circulatory functions. The child can respond to verbal commands and physical stimulation. Your child is monitored continuously throughout the procedure and is protected by positioning and protective stabilization equipment ensuring the utmost safety of your child.

In the following pages, you will find a list of preoperative and postoperative instructions for the day of dental treatment. Please review these instructions thoroughly prior to your appointment.

You, as parent/legal guardian, play a key role in your child's dental care. Children often perceive a parent's anxiety which makes them more fearful. They tolerate procedures best when their parents understand what to expect and prepare them for the experience. Please do not hesitate to approach our team with any questions or concerns. Our goal at Smile Stars is for you to understand and be comfortable with the procedures. As you become more confident, so will your child.

Thank you for entrusting us with the care of your child.

# Instructions to Follow Before Your Child's Sedation

*Safety of your child is the utmost importance at Smile Stars Pediatric Dentistry. In order to provide your child with a safe and effective sedation experience, **you must carefully follow every instruction listed below.** We sincerely employ your cooperation to achieve this mutual goal.*

## **Be calm, confident and knowledgeable**

You, as parent/legal guardian, play a key role in your child's dental care. Children often perceive a parent's anxiety which makes them more fearful. They tolerate procedures best when their parents understand what to expect and are calm and confident. If you have any questions about the sedation process, please ask; we are happy to answer any questions that you may have. As you become more calm and confident about dentistry, so will your child.

## **Notify health changes**

Please notify our office of any change in your child's health and/or medical condition. Fever, ear infection, nasal or chest congestion, or recent head trauma could place your child at increased risk for complications. Should your child become ill just prior to a sedation appointment, contact our office to see if it is necessary to postpone the sedation.

## **Notify medications**

Tell us about any prescribed, over-the-counter, or herbal medications your child is taking and report any allergies or reactions to medications that your child has experienced. Check with us to see if routine medications should be taken the day of the sedation.

## **Fasting - no food and liquids**

Food and liquids must be restricted in the hours prior to sedation. Fasting decreases the risk of vomiting and aspirating stomach contents into the lungs, a potentially life-threatening problem. We will not proceed with the sedation if you do not comply with the following requirements. Let everyone in the home know about the fasting requirements, because siblings and others often unknowingly feed the child.

**Minimum Time of Fasting Prior to appointment is 6 hours** – The last meal before the appointment should be light. Fried foods, fatty foods, and meat should be avoided. **Clear liquids should be avoided two hours prior to the appointment.**

## **Loose clothing**

Dress your child in loose fitting, comfortable clothing. **No jewelry, hair accessories, or nail polish.** This will allow us to place monitors that evaluate your child's response to the medications and help ensure your child's safety. These monitors may measure effects on your child's breathing, heart rate, and blood pressure.

## **One or more parent for each child**

Try not to bring other children to this appointment so you can focus your attention on your child undergoing the sedation.

## **Arrive on time**

It is **VERY** important that you arrive on time to your appointment. The scheduled time includes the time required for the sedation medication to take effect. A calm, orderly day would provide the best chance for quality sedation. Any rushing, either by you or us would jeopardize the chance of success.

# Instructions to Follow After Your Child's Sedation

## Breathing

Your child cannot go to school or daycare and should be transported home immediately after treatment. Use a properly fitted car seat, booster seat or other car restraint device that includes the seatbelt. Ensure the correct upright posture of your child on the trip home. Watch child to make sure of no self-inflicted injury. If possible, you should be accompanied by an additional adult to ensure that your child is monitored closely, as he/she will be very drowsy. Once home, your child will still be drowsy and must remain under adult supervision until fully recovered from the effects of the sedation. If your child wants to sleep, position your child on his/her side with the head supported and the chin up.

## Limit activities

Your child may be drowsy for some time after the sedative appointment. Restrict activities for the remainder of the day. Prohibit potentially harmful activities such as bike riding, swimming, using playground equipment, or any activity where balance is important.

## Numbness – **CAUTION!**

In addition to the sedative medications, we use local anesthetic to numb the mouth during dental treatment. The numbness usually lasts 2-4 hours. **Watch to see that your child does not bite, scratch, or injure the cheek, lips, or tongue during this time.** If your child does it is normal within 48 hours for swelling to occur inside the mouth as well as the lips. This can be treated with popsicles or a cold compress.

## Irritability/discomfort

Children may be irritable after treatment. If this occurs, stay with your child and provide a calm environment. If you believe the irritability is caused by discomfort, you may give your child acetaminophen (Tylenol®) or ibuprofen (Motrin®, Advil®). Follow the instructions on the bottle for dosing based upon your child's age/weight.

## When/what to eat?

Once your child is alert, you may give him/her sips of clear liquids to prevent nausea and dehydration. Small drinks taken repeatedly are preferable to large amounts. The first meal should be something light and easily digestible (ex: soup, Jell-O®, apple sauce). Do not give fatty or spicy foods (ex: French fries, tacos, salsa, milk, cheese or yogurt).

## Hygiene

**YOU MUST BRUSH YOUR CHILD'S TEETH 2-3 TIMES DAILY INCLUDING THE DAY OF TREATMENT!** Your child's mouth may be sensitive, and bleeding will most likely occur, but this is normal and will subside with time and regular cleaning. **NOT BRUSHING WILL SIGNIFICANTLY INCREASE THE AMOUNT OF DISCOMFORT AND INFLAMMATION!**

## Nausea/vomiting

Nausea and vomiting are occasional side effects of sedation. If vomiting occurs, immediately clear the material from your child's mouth. If vomiting persists for more than four hours, please call our office (769-5377).

## Fever

A slight fever (temperature to 100.5°F) is not uncommon after sedation. You may give your child acetaminophen (Tylenol®) or ibuprofen (Motrin®, Advil®). Follow the instructions on the bottle for dosing based upon your child's age/weight. Because dehydration may cause a slight increase in temperature, clear fluids may help correct this condition. If a higher fever develops or the fever persists, call our office (769-5377).

***Please keep in mind that your child has been through a dental procedure, and your child can be irritable, cranky, tired, groggy, and uncoordinated. Your child may also complain of an itchy mouth and nose. This is all normal. Try to keep your child's mind off of the dental treatment and on positive things. The less your child talks about the procedure, the less your child will remember.***

# Frequently Asked Questions

## **Will my child sleep during treatment?**

Conscious sedation has the benefit of making children drowsy and less reactive during dental treatment. They may or may not fall asleep. In either case, conscious sedation makes the experience more comfortable for your child and enables the dentist to safely complete the required treatment.

## **Will my child cry?**

Every child responds differently to treatment. Crying is a very normal response from children. It is the most natural way in which they can communicate their emotions and needs. If your child cries it does not mean they are experiencing pain.

## **May I accompany my child to the treatment room?**

During a sedation appointment it is imperative that the focus be solely on your child. For this reason, parents remain in the waiting area during treatment. For some parents, it is difficult to separate from their child. Please remember that it is for the safety and welfare of your child that we allow only sedation personnel in the operatory during sedation appointment.

## **Why can't my child eat before the sedation?**

It is very important for your child to have an empty stomach when using oral conscious sedation. If your child eats within 6 hours of the sedation appointment this could cause nausea and puts the child at risk for aspiration during treatment.

## **Will my child be cooperative during treatment?**

A positioning and protective stabilization wrap is used for every sedated child. Your child will be swaddled in this wrap for the duration of the procedure. This helps ensure the safety of your child and efficiency of dental treatment being performed.

## **How is my child monitored during treatment?**

During the procedure, there is continuous monitoring of oxygen saturation and heart rate and intermittent recording of respiratory rate and blood pressure.

## **Should I talk to my child about the procedure afterwards?**

We always encourage positive reinforcement with your child. Please refrain from asking your child questions about the procedure. Most sedatives have an amnesiac effect which allows the child to forget the procedure and your child will continue to want to come to visit the dentist on a regular basis.

## **What if the sedative makes my child restless?**

Some children do become restless once the sedative begins to take effect. This is a normal reaction. This just means that the sedative is working and that your child is beginning to feel very drowsy. Some children do not like that they can't control the way they feel so they become cranky and restless. Please do not be alarmed or embarrassed if your child has this reaction. It is very common and we are still able to treat the child safely and efficiently. If your child does become restless, always feel free to notify the front desk and someone will escort your child to a more quiet area in the back if you desire.

## **How is the sedative administered?**

The sedative is administered orally by the doctor based on age and weight. We provide the sedative in the office, so no need to pick up any prescription.

# Informed Consent Form: Oral Conscious Sedation

The purpose of this document is to provide an opportunity for the child's **legally responsible parent/guardian** to understand and give permission for oral conscious sedation of the child in conjunction with his/her dental treatment.

The parent/guardian should initial each item after an opportunity for discussion and ask questions.

\_\_\_\_\_ 1. I understand that the **purpose** of oral conscious sedation is to achieve minimal/moderate sedation facilitating my child to receive necessary care more comfortably. Minimal/moderate sedation is not required to provide the necessary dental care. I understand that minimal/moderate sedation has limitations and risks and absolute success cannot be guaranteed. (See #4 for alternative options.)

\_\_\_\_\_ 2. I understand that minimal/moderate sedation is a drug-induced state of reduced awareness and decreased ability to respond. The **goal** of minimal/moderate sedation is not sleep, however my child may be relaxed enough to fall asleep. His/her ability to respond normally will return when the effects of the sedative(s) wear off.

\_\_\_\_\_ 3. I understand that the medication for my child's sedation will be administered via the following route: Oral Administration. My child will take the medication at the beginning of the appointment. The effect of sedation may last from 3 up to 12 hours.

\_\_\_\_\_ 4. I understand that the **alternatives** to minimal/moderate sedation are:

A. No treatment: Existing condition(s) can worsen. Adverse consequences of no treatment may include but not limited to pain, infection, swelling, deterioration of the bone around the teeth, changes in bite, jaw discomfort, premature loss of teeth and space, emergency medical attention and/or hospitalization.

B. Deep sedation/general anesthesia: A controlled state of unconsciousness that requires the services of an anesthesia professional. In this case, the patient would need to seek treatment elsewhere.

\_\_\_\_\_ 5. I understand that there are **risks** or **limitations** to all procedures. For minimal/moderate sedation the possible risks or limitations include:

A. Inadequate sedation and/or paroxysmal reaction (sudden outburst of emotion) may necessitate the patient to complete the procedure without effective sedation, re-schedule the procedure for another time, and/or choose an alternative form of sedation.

B. Deeper-than-anticipated sedation may require premature termination of treatment, administering reversal agent to reduce sedation, prolonging appointment time for observation, and other measures necessary to ensure my child's wellbeing.

C. Possible **complications** of sedative drugs include but not limited to dizziness, sweating, dry mouth, nausea/vomiting, GI discomfort, allergic reaction, seizures, and respiratory depression.

D. Atypical reactions to sedative drugs, which may require emergency medical attention, result in hospitalization, and may even result in death.

\_\_\_\_\_ 6. I understand that I **must notify** the doctor about all of my child's mental and physical condition, including any allergy or sensitivity to any medications, and if he/she is presently on any medications.

\_\_\_\_\_ 7. I understand that, to ensure a safe sedation procedure, I must be **present** in the office during the entire sedation procedure. If, during the procedure, a change in treatment is required, I will be asked to make a treatment decision for my child in a timely manner.

\_\_\_\_\_ 8. I confirm the receipt of and understand the before, during, and after sedation **instructions**.

\_\_\_\_\_ 9. I understand that it is extremely important that my child has no food or medications 6 hours before sedation.



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\_\_\_\_\_ 10. I have had the opportunity to discuss minimal/moderate sedation of my child, and have my **questions answered** by qualified personnel. I also understand that I must follow all the recommended treatments and instructions of my doctor for the best care of my child.

\_\_\_\_\_ 11. I am aware that only sedation personnel are allowed in the operatory, and I will be asked to remain in the waiting area during my child's sedation appointment. I understand that this is for the safety and wellbeing of my child, allowing the doctor and staff to focus solely on my child.

\_\_\_\_\_ 12. I understand that protective stabilization equipment will be used such as a papoose or "sleeping bag" and bite block to ensure the utmost safety of my child. This allows the doctor to work quickly and efficiently and is only used once the child is under the effects of the sedative.

\_\_\_\_\_ 13. I understand that every reasonable effort will be made to ensure that the oral conscious sedation procedure is completed safely and efficiently, although it is **not possible to guarantee results**.

\_\_\_\_\_ 14. I understand that someone will contact me 24-48 hours before my appointment to reserve my time. I understand that there are other children in need of treatment that could be seen at this time and it is very important that I give 24 hours notice if I need to reschedule. If Smile Stars does not hear from me within 24 hours, my appointment will be cancelled and may not be rescheduled. I can be reached at the following two numbers \_\_\_\_\_ or \_\_\_\_\_.

**I am the legally responsible parent/guardian, and...**

I hereby (\_\_\_\_\_) **consent** to oral conscious sedation of my child in conjunction with his/her dental care.

I (\_\_\_\_\_) **decline** the recommendation of oral conscious sedation for my child in conjunction with his/her dental care.

\_\_\_\_\_  
Child's name

\_\_\_\_\_ X \_\_\_\_\_ / / \_\_\_\_\_  
Parent/Legal Guardian (print)      Signature      Date

\_\_\_\_\_  
Witness

With regard to my child, I voluntarily request Dr. Steve Ripple and/or such associates and/or assistants as he may designate to utilize the following sedative agents, which are deemed necessary or advised to facilitate the rendering of necessary dental treatment.

Midazolam (Versed) oral  
Hydroxyzine (Visteril)

X \_\_\_\_\_  
Signature of Parent/Legal Guardian