

PRE-OP INSTRUCTIONS and CONSENT FOR IV SEDATION

In Preparation for the Appointment:

- You MUST have a reliable escort to be with you while you're in the office, and then take you home, no taxis. You cannot drive. The escort MUST be present to receive your care instructions.
- **You MUST wear loose fitting clothing: preferably a T- shirt, sweat pants etc. No dress shirts or tight fitting clothing**
- **DO NOT EAT OR DRINK for 6 hours** prior to the appointment.
- If you regularly take medications, you should take them at the normal time with a sip of water. The same applies for inhalers, take 1 puff 1 hour prior (bring the inhaler with you)
- Take the following medication the day prior: _____
- **NO SMOKING STARTING AT LEAST 2 DAYS PRIOR TO APPOINTMENT.**
- No makeup, nail polish, lipstick, lotions or jewelry the day of surgery and sedation
- Please try to empty your bladder before the appointment. If you have incontinence issues, please wear a "Depends"-like product to the appointment.
- Clear your schedule for the day of the appointment since you may be very drowsy and sleepy the entire day. Do not plan to work.
- Call us if you develop a fever, respiratory and/or flu-like symptoms prior to your appointment.
- Plan to arrive 10-15 minutes early the day of treatment.
- Parents/guardians and escorts are **not** permitted in the room while surgery is performed.

After the Appointment:

(A Reprint of this portion will be given to your escort)

- No Driving or operating machinery for 24 hours.
- Sip small amounts of fruit juice, Gatorade™ etc. saliva-softened crackers are good.
- Avoid alcoholic beverages for 24 hours.
- No strenuous / aerobic activity for 24 hours.
- NO activity requiring full concentration such as important business matters, for 24 hours.
- Adult supervision is required until you are fully alert.
- Bland solid foods are OK in 4-6 hours. No greasy or spicy foods.

Intravenous Conscious sedation involves a level of sedation, which may: make you very sleepy, give you amnesia during the procedure and decrease your response time. It does not make you numb; local anesthetics will still be used. It will not inhibit your protective reflexes such as coughing and you will retain the ability to breath on your own. You will experience periods of drowsiness, dizziness and rarely, nausea afterwards. Caution is advised the day of treatment. You will be monitored for EKG, blood pressure, pulse, respiration and blood oxygen saturation. Emergency drugs and equipment are immediately available if necessary.

I attest that: I have reported an accurate medical history, including any prior sedation-related complications and understand there are some conditions and medications that may interact adversely with sedative medications. Possible effects of the sedation procedure include, but are not limited to: cardiac or respiratory arrest, decreased respiration, decreased blood pressure, decreased pulse rate, skin irritation or bruising at the site of drug/IV administration, and prolonged periods of sedation. I have read and understand the above-mentioned information and agree to follow all instructions, whether verbal or written. I can read and comprehend English.

Limited power of attorney is granted to: _____, if unforeseen treatment decisions are necessary while I am sedated. This power is revoked post-procedure.

Understood and accepted,

Patient signature

Print name

Date