



Ref nr. \_\_\_\_\_

## CONSENT TO INTRAVENOUS CONSCIOUS SEDATION (ICS)

I have been fully informed and I declare the following:

1. I understand the nature of ICS and analgesia, the purpose of the procedure and the risks involved. I understand that no guarantee can be given with regard to the results obtained. Conscious Sedation (CS) entails the administration of sedative and/or analgesic drugs to induce a reduced level of consciousness. Normal protective airway reflexes and spontaneous respiration are maintained, and cardiovascular function is unaffected. CS, together with regional/local anaesthesia will put me/the patient in a relaxed state to make minor surgery possible. I understand that it is not a general anaesthetic and that I/the patient will not be unconscious, as I/the patient may have to respond
2. Unforeseen adverse events may arise during/after sedation that may require additional or different medications or treatment. I authorise the sedationist to treat such adverse events according to his/her professional judgement. I understand that possible adverse events include but are not limited to:
  - Unintended loss of consciousness
  - Drowsiness/dizziness
  - Shivering (4%)
  - Headaches (4%)
  - Postsedation nausea & vomiting (0.7%)
3. I give consent to the administration of such sedative and/or analgesic drugs, as may be considered necessary or advisable by the practitioner.
4. I have been informed that I can contact the office of Advanced Sedation or the sedationists directly, should there be anything that I wish to be explained to me at this stage, or that I want to ask.
5. I confirm that I have received written/oral explanation and instructions regarding the sedation, which I understand. I will abide by the pre and post-operative instructions.
6. I confirm that I have completed the medical history questionnaire, and that I have listed the drugs that I have taken over the last six months.
7. I know that I can refuse treatment.
8. I have read and agree to the Terms and Conditions of Advanced Sedation (Clinical) LLP.
9. I accept full and complete responsibility for actual and potential costs associated with CS, and I accept full responsibility for the costs that have been explained to me.

\_\_\_\_\_  
Name of Escort

\_\_\_\_\_  
Number of Escort

I have read and understood the above and hereby give my consent.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



## CONFIDENTIAL MEDICAL HISTORY

Ref nr. \_\_\_\_\_

This information is vital for us to ensure that we can make your Conscious Sedation (CS) safe. Please read and answer every question and provide us with details.

_____ Surname	_____ First Name	_____ Date of Birth	
_____ Height	_____ Weight	_____ Occupation	_____ Telephone

If you tick YES, please provide more details on the lines provided below.

- | NO                       | YES                      |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you presently under a doctor's care?                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you previously been hospitalised or had a major operation?            |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have concerns about your heart or lungs?                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you taking prescription or herbal medicine? Please list them overleaf. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you smoke? ___ per day  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you consume alcohol? ___ units per week                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you use recreational drugs?   |

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Are you **allergic** or have you had a reaction to ...

- | NO                       | YES                      |                          | NO                       | YES                      |                   |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Penicillin</b>        | <input type="checkbox"/> | <input type="checkbox"/> | Local Anesthetics |
| <input type="checkbox"/> | <input type="checkbox"/> | Aspirin                  | <input type="checkbox"/> | <input type="checkbox"/> | Anything else:    |
| <input type="checkbox"/> | <input type="checkbox"/> | Codeine                  |                          |                          | _____             |
| <input type="checkbox"/> | <input type="checkbox"/> | Elastoplast              |                          |                          | _____             |
| <input type="checkbox"/> | <input type="checkbox"/> | Sedatives/sleeping pills |                          |                          | _____             |
| <input type="checkbox"/> | <input type="checkbox"/> | Latex                    |                          |                          |                   |

### WOMEN

- | NO                       | YES                      |                   | NO                       | YES                      |                                     | NO                       | YES                      |                         |
|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you pregnant? | <input type="checkbox"/> | <input type="checkbox"/> | Are you taking oral contraceptives? | <input type="checkbox"/> | <input type="checkbox"/> | Are you breast feeding? |



**DO YOU HAVE, OR HAVE HAD, ANY OF THE FOLLOWING?**

Please give details in the space provided below. There is more space on the back of this form

NO	YES		NO	YES		NO	YES	
<input type="checkbox"/>	<input type="checkbox"/>	AIDS/HIV Positive	<input type="checkbox"/>	<input type="checkbox"/>	Frequent Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	Lung Disease
<input type="checkbox"/>	<input type="checkbox"/>	Anaphylaxis	<input type="checkbox"/>	<input type="checkbox"/>	Frequent Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Muscle Weakness
<input type="checkbox"/>	<input type="checkbox"/>	Anaemia / Low Blood Count	<input type="checkbox"/>	<input type="checkbox"/>	Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>	Porphyria
<input type="checkbox"/>	<input type="checkbox"/>	Angina	<input type="checkbox"/>	<input type="checkbox"/>	Haemophilia	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric Care
<input type="checkbox"/>	<input type="checkbox"/>	Arthritis/Gout	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	Recent Weight Loss
<input type="checkbox"/>	<input type="checkbox"/>	Artificial Heart Valve	<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack/Failure	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever
<input type="checkbox"/>	<input type="checkbox"/>	Artificial Joint	<input type="checkbox"/>	<input type="checkbox"/>	Heart Murmur	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Disorder
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Heart Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>	Steroid Medicine
<input type="checkbox"/>	<input type="checkbox"/>	Blood Disorders	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble/Disease	<input type="checkbox"/>	<input type="checkbox"/>	Stomach Ulcers
<input type="checkbox"/>	<input type="checkbox"/>	Breathing Problem	<input type="checkbox"/>	<input type="checkbox"/>	Heavy Snoring	<input type="checkbox"/>	<input type="checkbox"/>	Stroke
<input type="checkbox"/>	<input type="checkbox"/>	Bruise Easily	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B or C	<input type="checkbox"/>	<input type="checkbox"/>	Swelling of Limbs
<input type="checkbox"/>	<input type="checkbox"/>	Chest Pains	<input type="checkbox"/>	<input type="checkbox"/>	Hereditary Diseases	<input type="checkbox"/>	<input type="checkbox"/>	Thalasaemia
<input type="checkbox"/>	<input type="checkbox"/>	Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid Disease
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Hives or Skin Rashes	<input type="checkbox"/>	<input type="checkbox"/>	Yellow Jaundice
<input type="checkbox"/>	<input type="checkbox"/>	Drug Addiction	<input type="checkbox"/>	<input type="checkbox"/>	Indigestion / Reflux	<input type="checkbox"/>	<input type="checkbox"/>	<b>Previous Sedation</b>
<input type="checkbox"/>	<input type="checkbox"/>	Emphysema / COPD	<input type="checkbox"/>	<input type="checkbox"/>	Irregular Heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	<b>Previous failed Sedation</b>
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy or Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Problems	<input type="checkbox"/>	<input type="checkbox"/>	<b>Previous General Anaesthetic</b>
<input type="checkbox"/>	<input type="checkbox"/>	Excessive Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	Leukemia			
<input type="checkbox"/>	<input type="checkbox"/>	Excessive Thirst	<input type="checkbox"/>	<input type="checkbox"/>	Liver Disease			
<input type="checkbox"/>	<input type="checkbox"/>	Faints / Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	Low Blood Pressure			
<input type="checkbox"/>	<input type="checkbox"/>	Frequent Cough	<input type="checkbox"/>	<input type="checkbox"/>	Low Blood Sugar			

Please list any other conditions and give more details

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**IF THERE IS ANYTHING THAT YOU PREFER TO DISCUSS IN CONFIDENCE WITH YOUR SEDATIONIST  
PLEASE TICK THIS BOX:**

Name and contact details of your GP  
or Specialist

\_\_\_\_\_

Dr's Name

\_\_\_\_\_

Surgery

\_\_\_\_\_

Address

\_\_\_\_\_

Telephone

**To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is my responsibility to inform the Sedation Solutions office of any changes in medical status.**

\_\_\_\_\_

Patient / parent / guardian's signature

\_\_\_\_\_

Date

**Please confirm that you have a responsible adult to take you home and, if needed, look after you and any small children for whom you are responsible, for a few hours.**

\_\_\_\_\_

Name of Escort

\_\_\_\_\_

Number of Escort

Doctor's Notes

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## IMPORTANT INFORMATION – MUST READ

Conscious Sedation (CS) is a technique that is designed to relax you during selected medical and dental procedures. In Intravenous CS, the use of a sedative drug or drugs, administered via a needle that is placed in an accessible vein for the duration of the procedure. This technique produces an altered state of consciousness under which treatment is carried out.

During the surgery you will be drowsy, calm and vaguely aware of your surroundings, but you will have no pain or anxiety. Should the surgeon need to communicate verbal instructions to you, you will be able to hear them and respond.

After the procedure you may have limited or no recollection of the events while you have been sedated.

In order to ensure that you are adequately and safely sedated you will be closely observed throughout your sedation. This will include both clinical and appropriate electronic monitoring.

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- **You will be in a relaxed, anxiety-free and pain-free state.**
  - **You will be drowsy and remain vaguely conscious.**
  - **You will be able to understand and respond to requests from your surgeon.**
  - **You may not remember much (if anything) of the treatment.**

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## PRE SEDATION INSTRUCTIONS

1. Please arrive 15 minutes before your appointment.
2. Please take any regular medication as normal with a small amount of water.
3. Asthma sufferers are requested to bring their inhalers to the appointment, and insulin-dependant diabetics must bring their blood glucose monitoring devices.
4. Smoking and alcohol intake should be avoided for 24 hours before your appointment. Use of recreational drugs is not permitted for 48 hours prior to treatment.
5. Ensure that you have emptied your bladder before surgery.
6. Please wear loose fitting clothing so that we can gain access to the forearm and elbow area for cannulation and electronic monitoring. Avoid heavy make up, nail varnish and jewellery. Wear flat shoes as you may be slightly unsteady afterwards.
7. If you wear contact lenses, please bring your lens container with you, as you may be asked to remove your lenses.
8. Please arrange for a RESPONSIBLE ADULT to escort you home, preferably by car or taxi, and stay with you for a few hours. Guidelines do not allow us to send you home on your own.
9. Do not eat any food for 6 hours prior to the appointment. Do not drink any liquids for 4 hours prior to the appointment. You may only drink water up until 2 hours before the appointment.
10. If you are unable to comply with these

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## POST SEDATION INSTRUCTIONS

1. The sedation may produce temporary amnesia, which rarely lasts more than a few hours.
2. A responsible adult will be required to escort you home after the procedure, either by car or taxi. This person will also receive instructions about your aftercare, and should ideally remain with you until the next day. Guidelines do not allow us to send you home on your own.
3. Please continue to take your regular medication as usual afterwards.
4. Please do not take alcohol for the remainder of the day.
5. Avoid breastfeeding for 24 hours afterwards.
6. It can take up to 24 hours for the sedative drugs to be eliminated from your body and for you to fully recover from the effects of sedation (drowsiness, loss of memory, lack of awareness and coordination, etc). Therefore, please do not:
  - drive a vehicle (insurance will be void), or cycle
  - use electrical equipment, cook, or operate machinery
  - care for children or dependant adults
  - make important decisions, sign important documents
  - use alcohol, sleeping tablets, tobacco or recreational drugs
  - perform any complicated tasks
  - go to work
7. We do not anticipate you having any complications, but should you become concerned about anything,



## FREQUENTLY ASKED QUESTIONS

### 1. Why am I having sedation?

Conscious Sedation (CS) is clearly useful for patients who have a fear or anxiety about having minor surgical or dental treatment. The surgeon requests the sedation to make the treatment more comfortable for you and to create the optimal working conditions. In dentistry CS is particularly useful for patients that are anxious or phobic, and for patients that have a strong gag reflex, small mouth opening or those individuals with a low pain threshold. It is also well suited for patients who fear the administration of local anaesthetic injections into the gums

### 2. What are my options?

You may choose:

- not to have the treatment
- to have the treatment with local anaesthesia only
- to have the treatment under Conscious Sedation & local anaesthesia at the surgery
- to have general anaesthesia in a hospital environment

### 3. What are the risks and disadvantages?

As with all procedures, there are certain things you need to be aware of including the potential occurrence of the following:

- Discomfort or bruising at the site of injection.
- Vein irritation (phlebitis) at the site where the sedative agents are administered, which can last a week and can be painful.
- Allergic reaction to any of the drugs used. Allergic reactions to the sedative drugs are rare.
- Nausea and vomiting, although very uncommon, may occur.
- CS is a very safe procedure, however, the very rare but serious complications should also be mentioned including heart problems (such as a heart attack), complications involving the brain (such as a stroke), breathing problems (slowing or stopped breathing), or even a fatal outcome. These usually occur when the patient has a previous underlying health problem which predisposes them to these complications. The information that you give us on the attached medical history form is thus very important and will assist us to decide whether you might be at risk to any known complications.

Your sedationist is highly experienced at avoiding these complications and is trained to deal with them should they arise. He/she is equipped with drugs, monitors and specialised apparatus (e.g. defibrillator) to ensure that you get the best care.

### 4. If I am conscious during the procedure why shall I not remember what happened, afterwards?

CS induces a state of deep relaxation. In over 90% of people the drugs used for CS produce either partial or full memory loss (amnesia) for the period of time when the drugs start working until they wear off. As a result, time will appear to pass very quickly. Consequently, people who remember nothing at all, frequently report that they were "asleep" during the procedure.

### 5. Is it still necessary to have local anaesthetic if I have CS?

The CS drugs are given to relax you whilst the local anaesthetic numbs the area and prevents pain. The local anaesthetic will be administered after the sedation has taken effect.

### 6. Local anaesthetics don't work well on me. Will CS help?

The combination of sedation and local anaesthetic is very effective, and it provides the surgeon with many options to ensure that you are pain-free and comfortable.

### 7. Will the sedationist be present all the time?

Yes, the sedationist will be present all the time to clinically monitor your treatment under sedation. Your response to the sedation is closely followed, and your vital signs such as pulse, oxygen levels and blood pressure are constantly monitored and recorded to ensure your wellbeing.

### 8. What drugs are used? Are there different types of IV sedation?

The most commonly used drug for CS is Midazolam, which belongs to the same family of drugs as Valium. However, in order to ensure a successful sedation your sedationist may choose to add additional agents such as an Opiate (like morphine based drugs) and/or Propofol (a very effective and easy to control agent), or other drugs in controlled and titrated doses. These additional agents ensure a safe and effective sedation and recovery, and need a dedicated trained sedationist to be present throughout the procedure.

### 9. What about eating and drinking and taking medication before CS?

In the unlikely event that you feel sick during or after your treatment, it is important for you not to eat anything for six hours before your appointment. However, you may drink water up to two hours before your appointment. Please continue to take your regular medication at the usual times with a little water. If you suffer from diabetes or have other dietary problems please discuss this with your sedationist before your appointment.

### 10. Will someone need to accompany me?

Yes. Due to the sedative effects of the medication you will need a responsible adult to accompany you home, preferably by car or taxi.

### 11. What happens if I do not have anyone to take me home after the appointment?

To comply with Guidelines and for your own safety we must ensure that you have a responsible adult to take you home after your appointment. In the event that you have no escort on the day of the sedation, your appointment may be cancelled and you will be charged in full. If you have no one to take you home we can arrange for a nurse to escort you home. This will be at an additional cost and must be pre-arranged and pre-paid at least seven days prior to the appointment.

### 12. How long will I be under CS?

The length of your appointment will depend upon the procedure. There will also be a recovery period of up to 30 minutes before you are discharged into the care of your escort. The sedative effect of the drugs will wear off gradually over the course of the day. Most patients are well enough to return to their normal activities within 24 hours depending on the nature of their work.