CONSENT FOR ANESTHESIA

The administration and monitoring of general anesthesia may vary depending on the type of procedure, the type of practitioner, the age and health of the patient, and the setting in which anesthesia is provided. Risks may vary with each specific situation. You are encouraged to explore all the options available for your child's anesthesia for their dental treatment, and consult with your dentist, family physician, or pediatrician as needed.

There are basically **four choices for anesthesia: no anesthesia, local anesthesia, conscious sedation, and general anesthesia.** These can be administered, depending on each individual patient's medical status, in a hospital or in a private office.

Of the three anesthesia choices above, local anesthesia is considered to have the least risk, and general anesthesia the greatest risk. However, it must be noted that local anesthesia is sometimes not appropriate for every patient and procedure. Nerve damage can occur from local anesthetic administration. It usually resolves spontaneously, but may also be permanent on rare occasions.

Conscious sedation and general anesthesia are usually administered intravenously by the dentist anesthesiologist. In pre-cooperative and/or uncooperative children/adults, sedation may be started via an intramuscular route and then followed through with intravenous methods.

The following are **risks and complications associated with intramuscular/intravenous sedation-anesthesia:**

- **Minor risks including but not limited to nausea and vomiting, pain on intramuscular injection, delayed recovery, and vascular irritation**
- **Major risks including but not limited to allergic reactions, laryngospasm, and respiratory depression**

I understand that anesthetics, medications, and drugs may be harmful to the unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility for informing the anesthesiologist of a suspected or confirmed pregnancy, with the understanding that this will necessitate the postponement of the anesthesia. For the same reason, I understand that I must inform the anesthesiologist if I am a nursing mother.

Anesthetics and prescription medications may cause drowsiness and incoordination that can be increased by the use of alcohol or other drugs. **I have been advised not to operate any vehicle or hazardous device for at least 24 hours, or until fully recovered from the effects of the anesthetics. Parents are advised of the necessity of direct parental supervision of their child for 24 hours, or until fully recovered from the anesthesia.**

I hereby authorize and request **Mai-Phuong Huynh, DDS**, to perform the anesthesia as previously explained to me, and any other procedure deemed necessary or advisable as a corollary to the planned anesthesia. I consent, authorize, and request the administration of such anesthetics (local to general) by any route that is deemed suitable by the anesthesiologist, who is an independent contractor and consultant. It is the understanding of the undersigned that the anesthesiologist will have full charge of the administration and maintenance of the anesthesia, and this is an independent function from the surgery/dentistry.

I have been advised of and completely understand the risks, benefits, and alternatives of local anesthesia, sedation, and general anesthesia. I have had the opportunity to ask questions about my, or my child's anesthesia, and am satisfied with the information provided to me. The anesthesiologist assumes no liability from the surgery/dental treatment performed while under anesthesia, and the dentist assumes no liability from the anesthesia performed. I authorize the sharing and exchange of information between the treating doctor's office and Dr. Huynh's office.

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SIGNATURE OF PATIENT

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SIGNATURE OF TRANSLATOR

Mai-Phuong Huynh, DDS_____
NAME OF INFORMANT

_____
SIGNATURE OF PATIENT'S REPRESENTATIVE

_____
SIGNATURE OF INFORMANT

_____
RELATIONSHIP OF REPRESENTATIVE TO PATIENT

_____   _____
DATE   **TIME**