

## PRE-SEDATION INSTRUCTIONS FOR DENTAL TREATMENT

Patient Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

It is important for your child's safety that you follow these instructions carefully! Failure to follow these instructions could result in **LIFE THREATENING** complications!

As defined by the American Academy of Pediatric Dentistry, the goals of sedation of the pediatric dental patient are to:

1. *Facilitate the provision of quality care;*
2. *Minimize the extremes of disruptive behavior;*
3. *Promote a positive psychological response to treatment;*
4. *Promote patient safety and welfare;*
5. *Return the patient to a physiologic state in which safe discharge is possible.*

Dr. Slonkosky's goal is to provide quality care as safely and efficiently as possible. For this reason and the equipment required for monitoring, we ask that the **parents remain in the reception room during the sedation appointment.**

The medication Dr. Slonkosky will give your child should make him/her feel sleepy within minutes or half an hour depending on the type given. Your child may fall asleep before, during and after the dental treatment, but should be easily awakened. As with any sedative medication, your child may experience an opposite effect and become excited and/or irritable. Conscious sedation medications are taken orally. *If your child has problems taking medicine orally, please inform Dr. Slonkosky or a TEAM member, as this may not allow a successful outcome.*

### PREPARING FOR YOUR CHILDS SEDATION APPOINTMENT

**EATING & DRINKING:** One of the sedative drugs Dr. Slonkosky may elect to use may cause your child to feel sick to their stomach. To avoid vomiting and complications during treatment, **DO NOT ALLOW YOUR CHILD ANY FOOD OR DRINK** (even water) after midnight prior to the scheduled day of treatment. This means **NO BREAKFAST!** *An empty stomach is MANDATORY!* Cancellation of your child's appointment because he/she has eaten will result in a \$75 broken appointment fee.

**CHANGE IN HEALTH:** Any change in your child's health, especially the development of a **cold or fever within two (2) days prior** to the day of treatment, is reason for concern! Please inform our office of any change in your child's health as soon as possible. For your child's safety, a new appointment may need to be made for another day.

**OVER PLEASE!**

\_\_\_\_\_  
Parent/Guardian Initials

**ARRIVING:** Your child's safety and comfort are our main concern! Dr. Slonkosky **REQUIRES** that a second responsible adult come with you to the appointment to help you take care of your child while driving home. Please do not bring other children with you, as your child will need your full attention. Please dress your child in loose fitting, comfortable clothing and bring a change of clothes, if possible.

\_\_\_\_\_  
Parent/Guardian Initials

**MEDICATION: DO NOT** give your child any medication unless cleared by Dr.Slonkosky First!

**TREATMENT:** Dr. Slonkosky will visit with you before your child's treatment. When the dental treatment is completed, Dr. Slonkosky will ask that you join your child in the post-operative recovery room. Dr. Slonkosky will discharge your child into your care, to go home, when they feel it is appropriate. This usually is within 15 minutes of your child's completed treatment.

**FEE's:** The sedation fee, \$250 must be paid prior to scheduling your child's appointment. This fee is for the medications which will be administered, the use of the equipment for monitoring vital signs, and the time the doctor is scheduled with your child.

Due to the large block of time that has been reserved especially for your child's sedation appointment, if you fail to show or call to cancel this appointment with less than a 24 hour notice, *you will be charged a \$75 broken appointment fee!*

Because each child's metabolism is different and *there is no 100% guarantee with any sedative medication*, there is the possibility your child's sedation will need to be aborted before treatment has started or prior to treatment being completed.

**If you have any questions or concerns, please call  
Minster Dental Care at (419) 628-3380**

The following medications have been planned for your child's sedation:

- Demerol (Meperidine)                       Ativan (Lorazepam)                       Vistaril (Hydroxyzine)  
 Versed (Midazolam)                       Other \_\_\_\_\_

**The above instructions have been explained to me. I understand that failure to follow instructions regarding eating and drinking may be life threatening and result in the sedation appointment being cancelled and rescheduled. I understand the procedures and will follow these instructions.**

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Dr. Philip Slonkosky : \_\_\_\_\_ Date: \_\_\_\_\_