

ORAL SEDATION (HALCION)

Thank you for choosing Idylwood Dentistry for your procedure. Following these instructions will help ensure a smooth recovery and minimize any potential complications

Oral Sedation (Anxiolysis) Pre-Operative Instructions:

- Take regular medications unless specified by Physician or Dentist. Inform your dentist of any changes in your health since your last visit.
 - Do not eat or drink for 8 hours prior to the dental appointment.
 - Patient must be driven to the office by a responsible companion.
 - No drinking alcohol for 8 hours prior to the dental appointment.
 - Avoid smoking for at least 12 hours before the procedure.
 - If you develop a cold, flu, or any other illness before your appointment, contact our office for guidance.
 - Avoid wearing makeup, nail polish, or jewelry to your appointment.
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- Sedative medications must be taken according to Dentists instructions.
 - Patient must have NO chance of pregnancy.

Oral Sedation (Anxiolysis) Post-Operative Instructions:

Immediate Post-Procedure Care

- **Escort:** While you may feel alert, it's recommended to have someone accompany you home after the procedure.
- **Driving:** Do not drive or operate heavy machinery for at least 4-6 hours after the procedure, or as advised by your dentist/doctor.
- **Rest:** Take it easy for the rest of the day. You can resume normal activities the following day, unless otherwise instructed.

Medication and Recovery

- **Medications:** If you were prescribed any additional medications, take them as directed.
- **Alcohol:** Avoid alcoholic beverages for 24 hours after your procedure.
- **Eating and Drinking:** You can eat and drink as normal once the numbness from any local anesthetic has worn off.
- **Drowsiness:** You may feel drowsy or sleepy for a few hours after the procedure. This is normal and will wear off.
- **Memory:** You might not remember all details of the procedure. This is a common and harmless side effect of anxiolysis.

When to Seek Help :

Unusual Symptoms: If you experience any unusual or severe symptoms, contact our office immediately.

Allergic Reactions: Although rare, if you notice signs of an allergic reaction (rash, itching, swelling), seek medical attention right away.

Oral Sedation (Anxiolysis) Informed Consent Form

1. I understand that the purpose of anxiolysis is to more comfortably receive necessary care. Anxiolysis is not required to provide the necessary dental care. I understand that anxiolysis has limitations and risks and absolute success cannot be guaranteed. (See #4 options.)
2. I understand that anxiolysis is a drug-induced state of reduced awareness and decreased ability to respond. The purpose of anxiolysis is to reduce fear and anxiety. I will be able to respond during the procedure. My ability to respond normally returns when the effects of the sedative wear off.
3. I understand that anxiolysis will be achieved by the following route: Oral Administration: I will take a pill (or pills) approximately 45 minutes before my appointment. The sedation will last approximately 2 to 3 hours
4. I understand that the alternatives to anxiolysis in this office are:
 - a. No sedation: The necessary procedure is performed under local anesthetic with the patient fully aware.
 - b. Intravenous (IV) Administration: A nurse anesthesiologist will inject the sedative in a tube connected to a vein in my arm.
5. I understand that there are risks or limitations to all procedures. For anxiolysis these include:
 - a. Inadequate initial dosage may require the patient to undergo the procedure without anxiolysis or delay the procedure for another time.
 - b. Atypical reaction to drugs which may require emergency medical attention and/or hospitalization such as altered mental states, allergic reactions, and physical reactions including possible respiratory depression.

c. Inability to discuss treatment options with the doctor should
circumstance require a change in treatment plan.

6. If, during the procedure, a change in treatment is required, I authorize the doctor and the operative team to make whatever change they deem in their professional judgment is necessary. I understand that I have the right to designate the individual who will make such a decision.

7. I have had the opportunity to discuss anxiolysis and have my questions answered by qualified personnel including the doctor, if I so desire. I also understand that I must follow all the recommended treatments and instructions of my doctor.

8. I understand that I must notify the doctor if I am pregnant, or if I am lactating. I must notify the doctor if I have sensitivity to any medication, of my present mental and physical condition, if I have recently consumed alcohol, and if I am presently on psychiatric mood altering drugs or other medications.

9. I will inform the doctor if I am hypersensitive to benzodiazepines (Valium, Ativan, Versed, etc.).

10. I will inform the doctor if I have liver or kidney disease.

11. I will not be able to drive or operate machinery while taking oral sedatives for 24 hours after my procedure. I understand I will need to have arrangements for someone to drive me to, if I take the pill beforehand, and from my dental appointment while taking medication.

12. No narcotics shall be taken until 8 hours after completion of the procedure, unless otherwise instructed by the doctor.

13. I understand that I will be escorted via wheelchair to my departing vehicle after the procedure.

14. I hereby consent to anxiolysis in conjunction with my dental care.

Tell the doctor if you are taking the following medications as they can adversely interact with triazolam: nefazidibe (Serzone); cimetidine (Tagamet, Tagamet HB, Novocimetine or Peptol); levodopa (Dopar or Larodopa) for Parkinson's disease; antihistamines (such as Benedryl and Tavist); verapamil (Calan); diltiazem (Cardizem); erythromycin and the azole antimycotics (Nizoral, Biaxin or Sporanox); HIV drugs indinavir and nelfinovir; and alcohol. Of course, taking recreational/illegal drugs can also cause untoward reactions.

Patient/Guardian _____

Date _____

Witness _____