



## Important Information for Patients Referred for Sedation

- 1) **Medical Clearance:** *why is this important?* The medical clearance is needed so that we can obtain the patient's health information directly from the patient's primary care physician or pediatrician. This is to determine the patient's suitability to undergo sedation in an outpatient dental office. The medical clearance is for the safety of the child.
  
- 2) **Sedation Fees:** *why are patient's charged a "sedation fee" when everything is supposedly covered by the patient's dental insurance?* Although it is true that sedation is a covered benefit under the patient's dental insurance, the provider administering the sedatives to the child is a medical anesthesiologist (not a dentist), and he/she does not participate with any insurance. We charge a very nominal fee for the sedation and it is a flat rate, regardless of treatment length. For example, anesthesiologists at other dental offices charge \$900 for the first hour of sedation, and \$500 every 30 minutes thereafter. As a courtesy to our patients, the sedation fees charged by our office are a fraction of these amounts.
  
- 3) **Pre-Operative Instructions:**
  - a. **Food guidelines:** *why is this important?* All patients must be NPO (nothing by mouth) for at least 6-8 hours prior to the procedure. This is to ensure that there is no food or drink in the patient's stomach. Our anesthesiologists utilize nitrous oxide ("laughing gas"), which is a great sedative agent, but is also very nauseating. If the child has anything in his/her stomach and vomits during the procedure, there is a risk that the stomach contents can be aspirated into his/her lungs. This may lead to a life-threatening condition known as *aspiration pneumonia*.
  
  - b. **Appointment time:** We ask that parents arrive 15 minutes prior to the appointment time to fill out any necessary paperwork, make payments, etc. Although we try our best to honor patients' appointment time, we simply cannot guarantee that patients will be seen at their appointed time due to the nature of our work. We estimate the appointment length of each patient based on his/her dental needs, but oftentimes the exact treatment is not known ahead of time. Therefore, there may be times in which we may go over in time with one patient that may affect the time we see our next patient. We ask that parents be understanding of this fact as this level of courtesy will be offered to their own child while he/she is undergoing the same procedure under sedation.
  
  - c. **Proper identification:** we ask that parents or legal guardians try their best to be present during their child's dental procedure under sedation. If someone other than the parent or legal guardian is bringing the child for the sedation procedure, the parent or legal guardian may assign someone to bring the child to the appointment, but we still need to obtain consent for the treatment being rendered directly from the parent or legal guardian. In addition, the individual bringing the child to the sedation appointment must present a valid photo ID and the name on the ID must match the name on the treatment assignment form. We will send all



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the necessary forms via fax or email and these must be returned signed by the parent or legal guardian on or prior to the child's sedation appointment. The forms that must be signed by the parent or legal guardian are:

- i. Treatment assignment form
- ii. Anesthesia consent
- iii. Treatment consent, including zirconia crown consent (if applicable)

4) **Dental Treatment:** The pediatric dentist will review the child's proposed dental treatment with the parents or legal guardian prior to the sedatives being administered. Once the parent or legal guardian consents to the dental treatment, he/she is allowing the dentist to render the best possible dental care based on the dentist's professional judgment. The dental treatment will begin once the patient is suitably sedated and comfortable. The dentist will reexamine the child and update any radiographs as needed. If there are any significant changes to the treatment plan that was previously presented to the parent or legal guardian, a dental assistant will, as a courtesy, review the changes with the parent or legal guardian. We ask that parents or legal guardian ask any pertinent questions or present any concerns *prior to us sedating the child*. For the child's safety, the dentist cannot go outside the procedure room to discuss a treatment plan with the parents while the child is sedated. Also, for professional and ethical reasons, the dentist cannot abide to requests of parents to leave infected, broken, or carious teeth in a child undergoing sedation or requests of picking which teeth to repair and leaving other affected teeth untreated. The dentist also numbs the treatment area with a small amount of local anesthetic. The child will not feel the actual injection, but when he/she wakes up from the treatment, oftentimes patient's cry because of the uncomfortable sensation of having one's lips, cheeks, and tongue asleep or numb. We ask that parents remain vigilant since children are notorious for chewing, sucking, or pulling numb areas of the mouth, which may lead to lacerations and swelling in the area. The numbness will wear off in about 4-6 hours after the procedure.

5) **Sedation Technique:** *What is sedation and is sedation safe and what are the side-effects or contraindications?* Sedation dentistry, in the manner in which it is done at our office, is not only safe, but reliable as well. We use the medical model at our office, in which an anesthesiologist administers the medications and the pediatric dentist performs the treatment. Both the dentist and the anesthesiologist are monitoring the patient's breathing and vital signs throughout the case. We use an incremental and conservative sedation approach for all of our patients. Our technique consists of first providing the child with oral sedatives and administering nitrous oxide ("laughing gas") and gauging behavior. If the child is cooperative enough with this regimen, then the dentist will proceed to do the treatment. If the child remains uncooperative despite the oral sedatives and nitrous gas being administered, or becomes apprehensive/combative during the procedure, then an intramuscular (IM) injection with a slightly stronger sedative is administered. The child will not feel nor remember the IM injection since we place a topical anesthetic at the injection site (shoulder). To

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prevent injecting the patient repeatedly if he/she needs more sedatives and for his/her safety, we place an IV catheter to further administer medications and to provide hydrating fluids. Once the case is near completion, the nitrous oxide is turned off and 100% oxygen is administered. This begins the recovery process. The patient is then transported back to a recovery room, where he/she will be reunited with his/her family. The patient will remain in recovery for another 30-45 minutes (or until he/she is awake and alert). Once the patient has met our discharge criteria, then the parents may take the child home. The patient may remain sleepy/groggy for the remainder of the day, may have nausea or vomiting, or may experience an episode of “angry child syndrome” in which the child may cry incessantly, or may become extremely angry or agitated with parents or siblings. This is transitory and may last up to 45 minutes after the procedure; the child, however, will have no recollection of the episode and this unwanted side-effect occurs in less than 5% of cases. On the day of your appointment, expect to be at our office for approximately 2-3 hours.

### 6) Other Important Information and Resources for Parents and Legal Guardians:

- a. Parents and legal guardians are welcome to accompany their child in the pre-op room and in the recovery bay. However, for the child’s safety, no parents or legal guardians are allowed in the procedure room during the actual dental treatment due to the presence of controlled substances and a general lack of space. This is the same reasons why parents or legal guardians are not allowed inside a hospital operating room.
- b. Parents or legal guardians should call our office to reschedule a sedation appointment if the child is experiencing a fever or has flu-like symptoms (vomiting, diarrhea, general weakness or malaise, etc.)
- c. Office address: 18501 Pines Blvd. Suite 211. Pembroke Pines, FL 33329 (we are at the intersection of 184<sup>th</sup> St and Pines Blvd, in the Atria building).
- d. Office phone number: 954-417-1330
- e. Read our pediatric dentists and anesthesiologists bios, and tour our office by visiting our website: [AmericanPediatricSedation.com](http://AmericanPediatricSedation.com)
- f. Please remember to bring an extra change of clothes and/or diapers for your child, as there may be times when he/she may have a bathroom accident or may get nauseous from the nitrous oxide (“laughing gas”) and vomit on themselves.

