

ORAL SEDATION WITH TRIAZOLAM
Informed Consent Information

Oral sedation involves taking a medication called 'triazolam' by mouth, as prescribed by our Doctors at Elite Dental of Natick, in advance of a dental appointment to make you more relaxed, comfortable and sleepy and to reduce or completely eliminate your anxiety and apprehension associated with dental work.

Triazolam is absolutely contraindicated if you:

1. Are **pregnant** or may be pregnant;
2. Are **breastfeeding**;
3. Are taking certain medications whose interaction with triazolam can be very serious (examples: clarithromycin, cyclosporine, medications for H. pylori infection and many others);
4. Have ever had an **allergic reaction** to triazolam or other medications in this family ("benzodiazepines" or sedative/anti-anxiety medications).

Side effects/adverse reactions of triazolam: Like any medication, triazolam has potential side effects. They include but are not limited to:

Serious Reactions

-anaphylactic reaction (sudden generalized swelling involving face, throat and tongue, rapidly leading to inability to breathe)	-hypotension (low blood pressure)
-respiratory depression (weak or shallow breathing or decreased breathing rate resulting in lack of oxygen to the body)	-seizures
-tachycardia (increased heart rate, fast/pounding heartbeats)	-syncope (fainting)
	-paradoxical overstimulation (restlessness, agitation)
	-thoughts of suicide or hurting yourself

Common Reactions

-drowsiness	-irritability	-dystonia (involuntary movements and prolonged muscle contraction that result in twisting body motions, tremors, and abnormal posture)
-headache	-rash	
-dizziness	-disinhibition	-asthenia (abnormal muscle weakness)
-lightheadedness	-confusion	-diplopia (double vision)
-ataxia (abnormal gait)	-incontinence	-dysarthria (impaired speech)
-nausea	-urinary retention	-amnesia (memory lapse, i.e. you may not remember your appointment)
		-paradoxical nervousness

Any changes in your medications, allergies or health condition that occur at any time between this evaluation and your sedation appointment *need to be promptly reported to Elite Dental of Natick.*

I have read and understand the above information. I have been informed about sedation and the dental procedures planned for my sedation appointment. I have been informed about the risks and benefits of sedation and each dental procedure. I have been informed about the potential side effects of triazolam and I understand that I may develop an unforeseen reaction or side effect not included in the above list. I have received and understand the pre-sedation instructions given to me on a separate sheet. I have had the opportunity to ask questions and receive answers about the planned sedation and dental treatment. I have disclosed all my allergies, medications and medical conditions, both past and present, to the Doctors at Elite Dental of Natick and agree to update them of any changes right away. Should an unforeseen condition arise in the course of my sedation appointment that necessitates a change of treatment plan, I authorize the Doctors at Elite Dental of Natick to proceed based on his best clinical judgement.

Signed by: ___Patient ___Guardian (please print guardian's name)_____

Signature of patient/guardian: _____ **Date (mm/dd/yyyy):** ____/____/20____

PRE-SEDATION INSTRUCTIONS

- 1. Triazolam may cause a severe allergic reaction. Stop taking triazolam and get emergency medical help immediately if you have any of these signs of an allergic reaction: hives; difficulty breathing, swelling of your face, lips, tongue, or throat.**
- 2. Do not drive, operate any machinery or hazardous devices, or do anything that requires coordination for 24 hours after taking triazolam.** You will need to have someone drive you to and from your sedation appointment. Please refer to the Escort Instructions sheet for full details. Your escort is responsible for returning you home and to bed and must assist you in walking as well as other tasks that require coordination after leaving the dental office.
- 3. Do not drink alcohol for at least 24 hours prior to and 24 hours after taking triazolam.** Alcohol can increase some of the side effects of triazolam and could possibly cause a fatal overdose.
- 4. If you have any of the following medical conditions, please bring the appropriate non-expired rescue medications** (likely prescribed by your regular physician) **to the sedation appointment IN A CLEAR PLASTIC ZIPLOCK BAG** so our staff can easily locate them in an emergency:

Medical condition	Rescue medication(s) to bring
Asthma or other allergic condition	1. Epi-Pen 2. Albuterol inhaler
Diabetes	1. Glucose gel or tablets 2. Glucometer
History of heart attack, chest pain (angina), known coronary artery disease, etc.	Nitroglycerin tablets

- 5. In case of suspected overdose: Seek emergency medical attention** if you think you have used too much of this medicine. *An overdose of triazolam can be fatal, especially if taken with alcohol.* Overdose symptoms may include extreme drowsiness, confusion, muscle weakness, slurred speech, tremors, a slow heartbeat, shallow breathing, feeling light-headed, fainting, seizure (black-out or convulsions), or coma.
- 6. Wear short sleeves** to your sedation appointment; **do not wear contact lenses or a wrist watch.**
7. Triazolam may be habit-forming and *should be used only by the person it was prescribed for.* Triazolam should never be given to another person, especially someone who has a history of drug abuse or addiction. Keep the medication in a secure place where others cannot get to it.
8. Do not use any medications/herbs listed on the Interactions sheet and/or not approved by the Doctors at Elite Dental of Natick for 24 hours prior to and 12 hours after taking triazolam.
9. Bring all of the prescribed triazolam medication to the appointment in its original bottle.
10. Do not smoke for 24 hours prior to your sedation appointment.
11. To make you more comfortable at your sedation appointment, your clothes should be soft and comfortable. Also, you may bring your favorite music on an iPod or other small device (in that case, please bring HEADPHONES).

I have read, understand and agree to comply with all of the above information, instructions and precautions.

Signed by: __Patient __Guardian (please print guardian's name)_____

Signature of patient/guardian: _____ **Date (mm/dd/yyyy):** ____/____/20____

POST-SEDATION INSTRUCTIONS FOR ESCORT (ALSO TO BE REVIEWED BY PATIENT)

1. The patient must not drive, operate any machinery/hazardous devices or do anything requiring coordination for 24 hours after taking triazolam.
2. **Please stay with the patient until he/she is brought into the treatment room prior to the appointment.** After the appointment, a responsible person should be with the patient until he/she has fully recovered from the effects of the sedation until the following morning.
3. The patient should not go up and down the stairs unattended and should use the elevator. The patient may be advised to sit in the waiting room for a short period of time before and/or after the appointment.
4. Always hold the patient's arm when walking.
5. The patient can eat whatever he/she wants.
6. The patient must drink several 8-oz glasses of water/juice during the remainder of the day. If the patient sleeps a lot, wake them up every 2 hours to drink. Water will help flush the sedative from the patient's body.
7. The patient may appear sleepy or alert when they leave the dental office. Attend to both alert or sleepy patient in the same manner. Do not leave him/her alone.
8. The patient probably will not recall conversations or instructions given until they have fully recovered from the sedation.
9. Please call us at 508-318-6333 when you've arrived at the patient's home (or location where they will be staying while recovering) in order to confirm safe arrival. Go directly there, do not stop elsewhere on the way and do not leave the patient in the car unattended even if they appear to be recovered and coherent.
10. Call us if you have any questions or difficulties. If you feel that the patient's symptoms warrant an evaluation by a medical provider and you are unable to reach us, take the patient to the nearest emergency room immediately or call 911.

ELITE DENTAL OF NATICK: 508-318-6333
AFER HOURS EMERGENCY LINE: (508) 545-3030

I have read, understand and agree with the above information on what's involved in caring for a post-sedation patient.

Signature of patient/guardian: _____ **Date (mm/dd/yyyy):** ____/____/20____

Name of escort (please print): _____

Escort's best phone number(s) for contact: _____

How far ahead should we call? _____

Signature of escort: _____ **Date (mm/dd/yyyy):** ____/____/20____