

INFORMED CONSENT FOR NITROUS OXIDE SEDATION

I, _____ hereby give my informed consent for the administration of Nitrous Oxide during the medical procedure. I have been provided with information about the procedure, including the risks, contraindications, alternatives, and the post-recovery process.

INTRODUCTION:

Nitrous Oxide, commonly known as "laughing gas," is a safe and effective sedative agent used to reduce anxiety and discomfort during medical procedures. Nitrous Oxide induces a state of relaxation while allowing you to remain conscious and able to communicate. Nitrous Oxide is administered through a breathing mouthpiece by a trained healthcare provider. The mouthpiece allows for the delivery of sedative gas while ensuring your comfort and safety. You will be able to breathe normally on your own through the mouthpiece providing the necessary delivery of Nitrous Oxide.

RISKS AND BENEFITS:

I understand that the use of Nitrous Oxide is short-acting and generally considered safe but carries inherent risks, including:

- Respiratory complications
- Allergic reactions
- Adverse effects on blood pressure or heart rate
- Nausea or vomiting

The benefits include:

- Anxiety reduction
- Pain relief
- Feelings of euphoria and sedation

CONTRAINDICATIONS:

Nitrous oxide sedation may not be suitable for individuals with certain medical conditions. Please check if any of the following conditions applies to you:

- | | |
|--|--|
| <input type="checkbox"/> Severe COPD | <input type="checkbox"/> Vitamin B12 deficiency |
| <input type="checkbox"/> Emphysematous bleb | <input type="checkbox"/> Bleomycin chemotherapy within the past year |
| <input type="checkbox"/> Recent upper respiratory tract infection | <input type="checkbox"/> First trimester of pregnancy |
| <input type="checkbox"/> Pneumothorax | <input type="checkbox"/> Bowel obstruction |
| <input type="checkbox"/> Pulmonary blood or air embolism | |
| <input type="checkbox"/> Recent inner ear or eye surgery (within the last two weeks) | <input type="checkbox"/> NONE |

AFTER RECOVERY:

Recovery from Nitrous Oxide is rapid. I understand that I may experience drowsiness or dizziness. I agree to follow the post-operative instructions provided by my healthcare provider.

ALTERNATIVE OPTIONS:

I am aware that alternative sedation or anesthesia options may be available, and I have discussed these alternatives with my healthcare provider. **I am aware that I may choose not to use Nitrous Oxide Sedation and undergo the procedure without any treatment for anxiety.**

ACKNOWLEDGEMENT:

I acknowledge that it is my responsibility to provide accurate and truthful information regarding my medical history. I have had the opportunity to ask questions and discuss any concerns with my healthcare provider.

Patient's Name: _____ Signature: _____ Date/Time: _____

Provider's Name: _____ Signature: _____ Date/Time: _____