COASTAL
PEDIATRIC DENTAL & ANESTHESIA

Instructions and Guidelines for Anesthesia

Our goal is to make your dental procedure easier. We want you to be as comfortable as possible before, during, and after your procedure. Please read the following about your dental care under anesthesia. These instructions are for your well-being and allow us to take the best care of you during your procedure. Should you have any questions or concerns, ***call us anytime at 757-963-0001***.

Steps to Prepare for your **Day of Surgery**:

1) Complete the health history form and discuss the surgery with your surgeon.

The procedure is the primary goal, and anesthesia is meant to facilitate that process, so we first recommend understanding the procedure to be performed. Even if you still have questions regarding the anesthesia, please complete the health history form. This allows our dentist anesthesiologist to develop a plan for you that we can discuss.

2) Complete the phone consultation.

Prior to your procedure, we will call you to review your medical history and discuss anesthesia with you. If you have not received a call at *least 48 hours in advance* of your scheduled day of surgery, please call us and let us know. We will review pre-operative instructions and answer any questions you may have. We may request additional information from your physician (or pediatrician) to coordinate your care. If so, please fax these forms to **757-961-9988** or email them to our HIPAA compliant email at: **forms@coastalpediatricdental.com**

3) Review the consent form.

This does not have to be filled out prior to your day of surgery. However, please review it so that we may have a chance to discuss any questions you might have.

4) Expect a phone call from your anesthesiologist the night before your procedure.

Again, you may reach your anesthesiologist anytime at **757-963-0001** or **757-598-2958**.

Please arrive promptly at your scheduled time of arrival for your day of surgery. Please note that this is usually ½ hour prior to when your surgery will actually start. Although we have already reviewed most everything with you prior to surgery, we must still perform a thorough pre-anesthesia examination to help ensure your safety. ***Failure to follow the pre-anesthesia instructions may result in postponing or even forfeiting your anesthesia.***

COASTAL
PEDIATRIC DENTAL & ANESTHESIA

Pre-Anesthesia Instructions

Dietary / NPO Instructions:

For procedures scheduled prior to 12 noon:

- Do not eat or drink anything for 8 hours prior to your appointment. To make this easy to remember, we often use midnight as a rule of thumb.
- You may take your usual medications, unless otherwise directed by the anesthesiologist, with a small sip of water at least 1 hour prior to anesthesia.

For procedures scheduled after 12 noon:

- Do not eat or drink beginning 8 hours prior to your appointment.
- You may have water, apple juice or Gatorade up to 4 hours prior to your appointment.
- You may take your medications, unless otherwise directed by the anesthesiologist, with a small sip of water at least 1 hour prior to anesthesia.

Escort:

All patients receiving sedation or anesthesia must have a responsible adult chaperone accompanying them. This individual should expect to arrive with, stay the entire time, and leave with the patient. Your chaperone must drive you home-no public transportation or cab services. Your chaperone should also be with you at home until fully recovered. For children it is helpful for a parent to have another adult present at the appointment. Please bring a car seat if your child requires one.

Attire – Clothing, Jewelry, Make Up, Contacts:

Please wear loose fitting, casual, comfortable clothing. A two-piece outfit with short sleeves is best for monitoring. Wear flat shoes and avoid flip-flops. Please remove all jewelry and contact lenses. This is especially true of body and facial piercings. It can be helpful to bring a blanket, as you will feel cold after anesthesia. Please avoid lotions and make up on your day of surgery. For children, please bring a change of clothes and consider having them wear a pull-up, if available.

Medications and Inhalers:

If diabetic and taking insulin, please bring your medications and your glucometer with you. Similarly, please bring any inhalers that you might use.

Change in Health:

Please notify us immediately of any changes in health such as recent illness, hospitalizations, or changes in medications.

Remember that your appointment is your day of surgery. ***Do not plan any other appointments or duties so that you have time to recover.*** Our anesthesiologist devotes his attention to only you or your child when under anesthesia. Please be patient, as we will devote this attention to you when it is your turn. Thank you!

COASTAL
PEDIATRIC DENTAL & ANESTHESIA

Post-Anesthesia Instructions

Following these post-anesthesia instructions will help ease your recovery and get you back to feeling like yourself again.

1) The responsible adult chaperone for you or your child must drive you home and should remain with you until fully alert.

2) Relax and recover for the remainder of your day of surgery. It is normal to feel tired, groggy, forgetful, or even "hung-over" after sedation and anesthesia. Do not operate a motorized vehicle or heavy machinery during your recovery or while taking any prescribed narcotic pain medications. Your judgment, coordination, and mental acuity will be impaired. Please avoid strenuous activity, sports, rough housing, and work until fully recovered.

3) You may experience some discomfort during recovery such as tenderness around the IV or injection site, sore or scratchy throat, headache, and general muscle ache. These will subside quickly and are normal.

4) Do NOT drink alcohol for 48 hours.

5) Do NOT use any drugs or medications not specifically prescribed to you without first consulting your doctors.

6) Local anesthesia given during the procedure will last several hours. Avoid hard foods until this numbness wears off as you may bite your lip. It is beneficial to take your prescribed pain medications before the local anesthesia wears off.

7) Advance your diet as slowly as you are able to tolerate. It is best to start with clear liquids such as apple juice or Sprite. If nausea develops during recovery, go back to clear liquids or bland foods such as crackers. Then, slowly introduce foods again. Remember to drink plenty of fluids while recovering, even if you don't feel like eating, as you do not want to become dehydrated.

Call Dr. Wong at either **757-963-0001** or his cell at **757-598-2958** if vomiting persists over 4 hours, for fevers lasting more than 24 hours post anesthesia, or if the IV site becomes red, hot, and tender. Remember, we are here to help. Call us if you have any concerns or questions regarding your anesthesia, ***any time - day or night.***

COASTAL PEDIATRIC DENTAL & ANESTHESIA
Medical History Questionnaire

COASTAL
PEDIATRIC DENTAL & ANESTHESIA

Patient Name:	Phone:
Address:	Email:
Physician's Name & Address:	Physician Phone
	Physician Fax:

If you are completing this form for another person, what is your name and your relationship to that person?

Name: _____ Relationship: _____

DOB:	Gender:	Height:	Weight:

Allergies (List All: Drugs, Food, Environmental):

Anesthesia History

1. Have you had anesthesia or sedation in the past? If no, skip to question # 3.	☐ Yes	☐ No
2. Any complications?	☐ Yes	☐ No
3. Any blood relatives with a history of anesthesia related complications?	☐ Yes	☐ No
4. Have you or a relative ever had high fevers or malignant hyperthermia with anesthesia?	☐ Yes	☐ No
5. Have you ever been told you have pseudocholinesterase deficiency?	☐ Yes	☐ No
6. Do you have problems opening your mouth fully or tilting your head back?	☐ Yes	☐ No
7. Have you had a chest cold or productive cough in the past 2 weeks?	☐ Yes	☐ No
8. Do you snore loudly or have sleep apnea?	☐ Yes	☐ No
9. Do you use more than one pillow when you sleep? If yes, please explain: _____	☐ Yes	☐ No
10. Do you have trouble with swelling of your feet and ankles?	☐ Yes	☐ No
11. Have you, or have you ever, had chest pain (angina)? If yes, please describe (for example: resolved, worsening): _____	☐ Yes	☐ No
12. Is your ability to exercise, walk several blocks, or climb a flight of stairs limited? If so, why? ☐ Shortness of Breath ☐ Fatigue ☐ Physical Impairment ☐ Other	☐ Yes	☐ No
13. Have you recently had a heart attack, stroke, heart surgery, or stent placement? If so, when? _____	☐ Yes	☐ No
14. Are you currently, or have you taken oral steroids in the past year?	☐ Yes	☐ No
15. Do you have sickle cell anemia?	☐ Yes	☐ No
16. For women: Are you pregnant or is there a possibility you could be pregnant?	☐ Yes	☐ No

COASTAL PEDIATRIC DENTAL & ANESTHESIA
Medical History Questionnaire

COASTAL
PEDIATRIC DENTAL & ANESTHESIA

Medical History

High Blood Pressure	☐ Yes	☐ No	Diabetes	☐ Yes	☐ No
Heart Murmur	☐ Yes	☐ No	Thyroid Disease	☐ Yes	☐ No
Rheumatic Fever	☐ Yes	☐ No	Adrenal Insufficiency	☐ Yes	☐ No
Heart Valve Problems	☐ Yes	☐ No	Kidney Disease /Failure	☐ Yes	☐ No
Heart Attack	☐ Yes	☐ No	Dialysis	☐ Yes	☐ No
Heart Failure	☐ Yes	☐ No	Anemia	☐ Yes	☐ No
Congenital Heart Defect	☐ Yes	☐ No	Easy Bruising or Bleeding	☐ Yes	☐ No
DVT/ Pulmonary Emboli	☐ Yes	☐ No	Sickle Cell Disease	☐ Yes	☐ No
Irregular Heartbeat	☐ Yes	☐ No	HIV/ AIDS	☐ Yes	☐ No
Pacemaker	☐ Yes	☐ No	Infectious Disease	☐ Yes	☐ No
Implanted Defibrillator	☐ Yes	☐ No	Stroke / CVA / TIA	☐ Yes	☐ No
Asthma	☐ Yes	☐ No	Epilepsy / Seizures	☐ Yes	☐ No
COPD	☐ Yes	☐ No	Dementia	☐ Yes	☐ No
Emphysema	☐ Yes	☐ No	Parkinson's disease	☐ Yes	☐ No
Chronic Bronchitis	☐ Yes	☐ No	Glaucoma	☐ Yes	☐ No
Cystic Fibrosis	☐ Yes	☐ No	Brain/Spinal Cord Injury	☐ Yes	☐ No
Tuberculosis / TB	☐ Yes	☐ No	Artificial Joints	☐ Yes	☐ No
Heartburn / GERD	☐ Yes	☐ No	Arthritis	☐ Yes	☐ No
Hiatal Hernia	☐ Yes	☐ No	Neuromuscular Disorder	☐ Yes	☐ No
Liver Disease / Hepatitis	☐ Yes	☐ No	Mental Illness	☐ Yes	☐ No
Stomach Ulcers	☐ Yes	☐ No	Developmental Delay	☐ Yes	☐ No
History of Cancer	☐ Yes	☐ No	Metabolic Disorder	☐ Yes	☐ No

Please list any medical problems not listed above: _____

_____

Are You Taking?

Recreational Drugs	☐ Yes	☐ No	Tobacco Products	☐ Yes	☐ No
Bisphosphonates	☐ Yes	☐ No	Alcohol	☐ Yes	☐ No
Medications or Herbals?	☐ Yes	☐ No	Blood Thinners	☐ Yes	☐ No

Please list all medications here:

Surgical History

Please list all surgical procedures here:

I understand the importance of a truthful and complete health history to assist my doctor in providing the best care possible.

To the best of my knowledge, the above information is complete and correct.

_____ _____

Signature of patient or guardian Date

COASTAL PEDIATRIC DENTAL & ANESTHESIA

Consent for Anesthesia

The following is provided to inform patients, parents, and legal guardians about having treatment under anesthesia. The information is not presented to make you more apprehensive, but rather to enable you to better understand the risks and benefits involved with anesthesia. Your anesthesiologist is happy to discuss any questions or concerns that you might have. Please do not hesitate to ask.

It has been explained to me that all forms of anesthesia involve some risks, and no guarantees or promises can be made concerning the results of my procedure or treatment. Although rare, unexpected severe complications with anesthesia can occur and include the remote possibility of infection, bleeding, drug reactions, blood clots, loss of sensation, loss of limb function, paralysis, stroke, brain damage, heart attack or death. I further understand and accept the risk that complications may occur and could require transportation to the hospital by Emergency Medical Services and subsequent hospitalization.

The following are some additional complications that may be associated with anesthetic care:
Please Initial After Reading AND ALL your questions have been sufficiently answered.

Common complications:

_____ Pain and/or bruising at the IV site
_____ Sore throat and/or hoarseness
_____ Muscle aches
_____ Nausea and/or vomiting

Uncommon complications:

_____ Headache
_____ Injuries to lips or teeth from airway instruments or devices
_____ Unexpected drug reaction
_____ Infection at intravenous site and veins nearby
_____ Bleeding / Injury in the nose due to passage of a breathing tube
_____ Lung infection / Aspiration
_____ Eye injury or infection
_____ Weakness in breathing after awakening
_____ Nerve damage
_____ Awareness during anesthesia

Rare complications:

_____ Heart injury
_____ Brain damage or death

I understand that I am an important member of the treatment team. In order to increase the chance of achieving optimal results, I have provided an accurate and complete medical history, including all past and present dental and medical conditions, prescription and non-prescription medications, any allergies, recreational drug use, and pregnancy (if applicable).

COASTAL PEDIATRIC DENTAL & ANESTHESIA

Consent for Anesthesia

The U.S. Food and Drug Administration (FDA) is warning that repeated or lengthy use of general anesthetic and sedation drugs during surgeries or procedures in children younger than 3 years or in pregnant women during their third trimester may affect the development of children's brains. Consistent with animal studies, recent human studies suggest that infrequent, relatively short exposure to general anesthetic and sedation drugs in infants or toddlers is unlikely to have negative effects on behavior or learning. The FDA also acknowledges that anesthesia and sedation is often needed for required procedures in these patients. They also note that untreated pain in children can also affect the developing brain.

I understand that anesthetics, medications and drugs may be harmful to an unborn child. I certify that to my knowledge the patient is not pregnant or trying to become pregnant.

I confirm that the patient has had nothing to EAT since _____

AND DRINK since _____. Initials: _____

Medications, anesthetics and prescription drugs often cause drowsiness and loss of coordination. This effect could be increased with use of alcohol or other drugs. Sometimes the effects of the drugs do not wear off for 24 hours. I have been advised that the patient should not participate in any activities that require gross motor coordination until after full recovery from anesthesia. I agree not to operate any vehicle or other hazardous devices until fully recovered. I have been advised that a responsible adult should be in constant attendance of the patient upon returning home until after full recovery from the anesthetic. I agree that a responsible party will remain on premise for the duration of the patient's procedure.

Alternative options to sedation and anesthesia have been discussed with me by my dentist and may include the use of local anesthesia with nitrous oxide sedation or local anesthesia alone.

I understand the use of tobacco and alcohol can be detrimental to the success of my treatment.

I consent to the anesthesia and related procedures deemed appropriate by my anesthesiologist. I acknowledge that I have read this form or had it read to me, and that I have been given sufficient time to understand and ask questions. I understand the risks, benefits, alternatives, and the expected result of the proposed treatment.

Patient Name: _____

Legal Guardian \ Responsible Party: _____

Signature: _____ Date: _____

Doctor's Signature: _____ Date: _____