

**Nitrous Oxide Consent Form**

I understand that my treatment or my child's treatment will include the procedure of nitrous oxide administration. Nitrous oxide is a gas sedative that provides pain and anxiety relief when inhaled. Nitrous oxide may have a different effect between individuals and even on the same individual at different appointments. Nitrous oxide has a rapid onset and is quickly removed from your system allowing you or your child to fully recover usually within 3-5 minutes. Nitrous oxide administration may not be covered by your insurance. The fee is \$65-\$100 depending on the length of the procedure.

Risks involved include: headache, dizziness, nausea, vomiting, and hallucinations

Benefits include: increased relaxation, decreased anxiety and decreased discomfort of procedure

Alternatives include: oral medication for relaxation, referral for general sedation

The following may be contraindications to using nitrous oxide. Please check any of the following that apply to the patient:

- Current upper airway infection or any difficulty breathing through nose
- COPD including emphysema or chronic bronchitis
- Cystic fibrosis
- History of pneumothorax
- Bowel obstruction
- Pregnant
- Taking the medication Bleomycin
- Ear or eye surgery in the last 6 months
- Sleep apnea
- Tympanic membrane graft

By signing below, I acknowledge the procedure has been described to me and I understand how it will be accomplished. I also acknowledge that the Doctor is aware of all medications that I have taken in the last 72 hours and that I have not eaten in the last 4 hours or had anything to drink in the two hours prior to nitrous oxide administration.

\_\_\_\_\_  
Name and Date

\_\_\_\_\_  
Witness