

General Dentistry for Children & Young Adults

General Anesthesia

What Is General Anesthesia?

General anesthesia is a controlled state of unconsciousness that eliminates awareness, movement and discomfort during dental treatment. A physician or dentist with specialized training can use various medications to provide general anesthesia for patients receiving dental care.

Who Should Receive General Anesthesia For Dental Treatment?

General anesthesia may be indicated for children with extensive dental needs who are extremely uncooperative, fearful or anxious or for the very young who do not understand how to cope in a cooperative fashion. General anesthesia also can be helpful for children requiring significant surgical procedures or patients having special health care needs.

Is General Anesthesia Safe?

Although there is some risk associated with general anesthesia, it can be used safely and effectively when administered by an appropriately-trained individual in an appropriately-equipped facility. Precautions are taken to protect your child during general anesthesia; personnel who are trained to manage complications will monitor your child closely. Your pediatric dentist will discuss the benefits and risks of general anesthesia and why it is recommended for your child.

What Special Considerations Are Associated With The General Anesthesia Appointment?

A physical evaluation is required prior to general anesthesia for dental care. This physical assessment provides information to ensure the safety of your child during the general anesthesia procedure. Your pediatric dentist or general anesthesia provider will advise you about evaluation appointments that are required.

Parents are instructed to report to the pediatric dentist any illness that occurs prior to the general anesthesia appointment. It may be necessary to reschedule the appointment. It is very important to follow instructions regarding fasting from fluids and foods prior to the appointment.

Your child will be discharged when stable, alert, and ready to depart. Patients often are tired following general anesthesia. You will be instructed to let the child rest at home with minimal activity until the next day. Post-operative dietary recommendations also will be given.

The American Academy Of Pediatric Dentistry (AAPD)

For further information, please visit the AAPD Web site at www.aapd.org.

MOBILE ANESTHESIA FOR CHILDREN

9302 N. Colton, Ste. 100 ♦ Spokane, WA 99218
509-863-9460 ♦ Fax 509-868-0428

REFERRAL FOR GENERAL ANESTHESIA SERVICES

Patient _____ Date of Birth ____/____/____

Parent/Legal Guardian _____

Preferred language: English Spanish Russian Other

Referred for general anesthesia because of:

- Extensive dental disease
 - Developmental disability
 - Age considerations
 - Behavior management
 - Other _____
- _____

Dr. Signature

____/____/____

Date

Wenatchee Valley Dental Village
210 Valley Mall Parkway
East Wenatchee, WA 98802
(509) 886-2500

Please give to the attending Anesthesiologist. Thank you!

MOBILE ANESTHESIA FOR CHILDREN

Patient Name _____ Sex: M F
Last First MI

Date of Birth ____/____/____ Age ____ Height ____ Weight ____ Date of last medical exam ____

Name of Father/Guardian _____ Name of Mother/Guardian _____

Address _____
Address City State Zip Code

Home Phone (____) ____ - ____ Cell Number (____) ____ - ____ Alt. Number (____) ____ - ____

Emergency Contacts

1. _____ Ph (____) ____ - ____ 2. _____ Ph (____) ____ - ____

Name of Physician/Clinic _____ Phone (____) ____ - ____

MEDICAL HISTORY

Previous General Anesthetic: Yes No Any Problems? _____

List all medications child is taking (include vitamins, supplements, laxatives, and steroids, over the counter medications): Taken in the past 2 weeks _____

Does your child have any allergies? No Yes Drugs _____ Other _____

1. Is your child in good health? _____ Yes No
2. Has there been any change in your child's health in the past year? _____ Yes No
If yes, what? _____
3. Is your child under the care of a physician? _____ Yes No
If yes, for what? _____
4. Has your child ever had any serious illness, operation or been hospitalized in the past 5 years? _____ Yes No
If yes, for what? _____
5. Is your child taking any medicine(s) including non-prescription medicine not listed above? _____ Yes No
6. Does your child have, or had, any of the following diseases or problems? _____ Yes No
Damaged or artificial heart valve(s), heart murmur, rheumatic heart disease.
7. Does your child have, or had asthma, bronchitis, or respiratory problems, if so when _____ Yes No
Were they hospitalized? If so when _____

I understand that withholding any information could seriously jeopardize the safety and health of the patient. Therefore, I have reviewed this health history carefully and have answered all questions truthfully to the best of my knowledge.

If you are completing this form for another person, what is your name? _____

What is your relationship to the patient? _____

Signature of Parent/Guardian _____ Date _____

Reviewed by _____ Date _____

MOBILE ANESTHESIA FOR CHILDREN

Patient: _____, _____ Date of Birth ____/____/____
Last First MI

FINANCIAL AGREEMENT

Payment for anesthesia is due on the day of treatment. Method of payment must be confirmed prior to the appointment date. Please indicate your source below:

- Insurance* Primary Secondary Cash Credit Card Medical Coupon
**for dental & medical insurance, please fill out an INSURANCE INFORMATION FORM.*

Signed: _____ **Date:** _____
Parent or Legal Guardian

CONSENT FOR RELEASE OF MEDICAL INFORMATION

I, the undersigned, do hereby grant permission to: Mobile Anesthesia for Children and its providers, to release to my private insurance carrier, or the Department of Social and Health Services, any information contained in the medical record of the above named patient, what would be deemed necessary for payment of treatment provided.

These records include, but are not limited to: personal patient information, medical and dental histories, examination records, clinical photographs, treatment records, referral and consultation recommendations and reports, and other related materials.

I also allow the taking of photographs to establish dental conditions or, with obscured identity, for educational purposes.

I hereby authorize payment of the insurance benefits to Mobile Anesthesia for Children.

I further release the attending doctor, his (her) associates and staff, from any and all liability arising from compliance with this request and disclosure of the requested information.

I have received a copy of the Notice of Privacy Practices.

Signed: _____ **Date:** _____
Parent or Legal Guardian

MOBILE ANESTHESIA FOR CHILDREN

Informed Consent for Anesthesia

I, _____, hereby authorize and request duly licensed anesthesiologists and nurse anesthetists associated with Mobile Anesthesia For Children to perform anesthesia on _____

(self or legal guardian)

(patient)

as previously explained to me and any other procedure deemed necessary or advisable as a corollary to the planned anesthesia. I consent, authorize and request the administration of such anesthetic or anesthetics (local to general) by any route that is deemed suitable by the anesthesiologist, who is an independent contractor and consultant. It is the understanding of the undersigned that the anesthesiologist will have full charge of the administration and maintenance of the anesthesia and this is an independent function from the surgery/dentistry.

The most frequent side effects of any IV anesthesia are drowsiness, nausea/vomiting, and phlebitis. Most patients remain drowsy or sleepy for the remainder of the day following their surgery. As a result, coordination and judgment will be impaired for as long as 24 hrs. It is recommended that children remain in the presence of a responsible adult during this period. Nausea and possible vomiting following anesthesia will occur in 10-15% of patients. Phlebitis is a raised, tender, hardened, inflammatory response at the intravenous site which usually resolves with local application of warm moist heat. However tenderness and a hard lump may be present up to a year.

I have been informed and understand that rarely there are complications of anesthesia including but not limited to: pain, hematoma, numbness, infection, swelling, bleeding, discoloration, nausea, vomiting, allergic reaction, pneumonia, stroke, brain damage, heart attack and death. I further understand and accept the risk that complications may require hospitalization. I have been made aware that the risks associated with local anesthesia, conscious sedation and general anesthesia vary. Of these three, local anesthesia is usually considered to have the least risk, and general anesthesia the greatest risk. However, it must be noted that local anesthesia sometimes is not appropriate for every patient and every procedure.

Since medications, drugs, anesthetics, and prescriptions may cause drowsiness and lack of coordination, I have been advised of the necessity of direct parental supervision of my child for twenty-four hours or longer until fully recovered from the effects of the anesthetic, medications and drugs that have been given to my child.

I have been fully advised and completely understand the alternatives to sedation and general anesthesia. I accept the possible risks, side effects and dangers of anesthesia. I acknowledge the receipt of and understand both the pre-operative and post-operative anesthesia instructions. It has been explained to me and I understand that there is no warranty and no guarantee as to any result and or cure. I have had the opportunity to ask questions about my child's anesthesia, and I am satisfied with the information provided to me. It is also understood that the anesthesia services are completely independent from the operating dentist's procedure. The anesthesiologist assumes no liability from the surgery/dentistry performed while under anesthesia and that the dentist assumes no liability from the anesthesia performed.

Signed _____

Relationship _____

Print Name _____

Date _____

Witness _____

Mobile Anesthesia for Children

9302 N. Colton Street, Suite #100

Spokane, WA 99218

509-863-9460

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PRE-ANESTHESIA INSTRUCTIONS

These instructions must be read and strictly adhered to before commencing with sedation or general anesthesia. Neglecting any of following may compel the doctor to cancel the start of treatment.

- Eating & Drinking** For anesthesia it is extremely important that patients have an empty stomach. For this reason, children should not have anything to eat or drink, after midnight the night before surgery appointment.
- Change in Health** A change in health, especially the development of a cold, cough, flu or fever is extremely important. Please notify our office if there is any change in your child's health.
- Medications** Prescription medications should be taken as scheduled with only a sip of water, unless previously indicated by your doctor.
- Street Drugs** Use of "Street Drugs" (Marijuana, cocaine, amphetamines, etc) mixed with an anesthetic can result in serious complications including death. Therefore street drugs are strictly forbidden for several weeks prior to any anesthetic.
- Clothing & Contacts** Short sleeves, loose fitting pants and comfortable shoes are advised. Contact lenses must be removed before anesthesia. Rings, necklaces, bracelets and earrings/studs or nail polish should not be worn during the procedure. Please leave all valuables at home. For children it is suggested to bring a change of clothing and a blanket. If possible, have young children wear a diaper.
- Parent/Guardian & Designated Driver** Minors must be accompanied by a parent or legal guardian. The parent or legal guardian MUST remain in the office waiting room during the entire surgical procedure and not leave for any reason until child is discharged. If arranging transportation, please have your driver remain at the office with you due to some procedures take less time than originally estimated. Patients will not be allowed to leave by taxi or bus, NO EXCEPTION!
- Questions** Please feel free to contact us to discuss the anesthesia and answer any questions that you may have prior to surgery.

POST-ANESTHESIA INSTRUCTIONS

- Eating, Drinking, and Smoking** Limit oral intake to liquids for the first few hours. Begin with water and follow with liquids such as sport drinks, clear juice and soda as tolerated. If teeth were extracted, do not use a straw. Soft foods such as scrambled eggs, yogurt, applesauce, mashed potatoes, and soups may be consumed following liquids. If the patient is not hungry, do not force him/her to eat, but encourage as much liquid as tolerated. Children should be kept in an alcohol and smoke-free environment.
- Activity** After the surgery, anesthetic drugs remaining in the patient's system can slow reaction time and impair coordination. Be careful to keep the patient from falling, stumbling or otherwise hurting themselves. Do not allow children to swim, bike, skate or play with other children until fully recovered. Do not let children engage in high physical activity for 24 hours or until the effects of the anesthetic have completely subsided. Avoid making any major decisions during this time as judgment may be impaired.
- Pain or Fever** Muscle aches and a sore throat, similar to the flu, may occur following anesthesia. A fever of up to 101 degrees Fahrenheit may develop for the first 12 hours. These symptoms are very common and usually disappear within 24 to 36 hours and may be treated with Tylenol or Motrin, if normally tolerated, along with plenty of liquids.

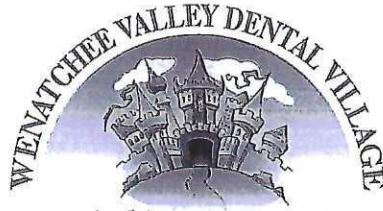
SOME INSTRUCTIONS OF IMPORTANCE TO ALL PARENTS:

- Seek Advice** If vomiting persists beyond four hours.
If the temperature remains elevated beyond the first 24 hours.
If you have other serious concerns following anesthesia, please contact Dr. Mark Bottorff with Mobile Anesthesia For Children at (509) 990-5821.
If you suspect a life-threatening situation, please call 911.

I have read, understand and agree to follow the above instructions.

SIGNED _____

Date / / _____



A Wonderful World For Dentistry

General Dentistry for Children & Young Adults

Nelson & Reynolds, PLLC

APPOINTMENT POLICY

Office Anesthesia & Dental Surgery and Wenatchee Valley Dental Village have established an Appointment Policy for patients who miss a scheduled appointment or give a late notice of cancellation. Our policy states that if you need to cancel or reschedule your appointment, it is necessary to give our office at least a 48-hour notice. This will allow us to schedule another patient at that time.

If you miss your appointment for General Anesthesia, or cancel with less than a 48-hour notice, you will **no longer** be able to reschedule your appointment due to failure to comply with our policy. You may request an exception to this policy if failure to keep your appointment was due to an emergency situation.

Parent/Guardian Signature

Date

Patient's Name (please print)