IHS-967 (01/2014)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Indian Health Service

Informed Consent for Nitrous Oxide

Indication for use of Nitrous Oxide or “laughing gas”: _____

Procedure to be performed: Nitrous Oxide or “laughing gas” is being administered to help control the anxiety of the patient during dental treatment.

- It is the intent of this procedure to relax the patient only, not to put them to sleep.
- Gagging may be reduced.
- Patient may cry during treatment, but they will be given a local anesthetic to block pain.

I understand that the administration of nitrous oxide has hazards, risks, and potential side effects. They include, but are not limited to, the following:

- Excessive perspiration, sweating, and/or feeling ‘flush.’
- Excessive talking, laughing, nervousness, anxiousness, disassociation, and/or hallucinations.
- Shivering/chills, tingling, lightheadedness, and/or heavy feeling followed by feeling of floating.
- Nausea and vomiting.
- Impaired speech, mental performance, and motor reflexes.
- Medical conditions including: hypotension (decrease in blood pressure), apnea (occasional pause in breathing), respiratory suppression, diffusion hypoxia (short-term reduction in oxygen supply to lungs immediately following Nitrous Oxide use), and adverse reproductive effects.

The dentist discussed with me and I understand that nitrous oxide is optional and is not required for dental treatment. The benefits of nitrous oxide include, but are not limited to, reducing or preventing fears and anxieties that may precipitate other medical problems including fainting, racing heart beat, panic attacks, hyperventilation, or other heart related disorders.

This consent is valid: [ ] today only [ ] for current treatment plan

Please mark any of the following conditions you have:

- ☐ Pregnancy
- ☐ Cystic fibrosis
- ☐ Emphysema
- ☐ Congestion to nose
- ☐ B12 deficiency (pernicious anemia)
- ☐ Medication sensitivities
- ☐ Chronic bronchitis
- ☐ Acute otitis media (ear infection)
- ☐ Chronic Obstructive Pulmonary Disease
- ☐ Inadequate hematocrit or hemoglobin levels
- ☐ Recent use of alcohol, barbiturates, narcotics, or recreational drugs
- ☐ Recent tympanic membrane graft
- ☐ Current use of psychiatric mood altering drugs/medications
- ☐ Treatment with bleomycin sulfate
- ☐ Pneumatic Retinopexy
- ☐ Methylenetetrahydrofolate deficiency

PATIENT IDENTIFICATION:

PATIENT CONSENT:

I consent and understand to the above procedure and agree to cooperate with _____. I will follow post-operative instructions to the best of my ability for my own comfort and safety. I have had an opportunity to ask questions about the above treatment.

_____ _____
Patient or Parent/Legal Guardian Date

_____ _____
Provider (who obtains consent) Witness or Interpreter