

Consent for Nitrous Oxide/Oxygen (Laughing Gas)

At Parkside Dentistry, P.C., we hope to provide a safe, as well as a pleasant dental experience. Sometimes, however a child feels more anxious during treatment. In order to help these children we can offer Nitrous Oxide/Oxygen Analgesia. It is a safe, effective technique that can help calm a child's fear of the dental visit.

What is it?

Nitrous Oxide/Oxygen Analgesia is a blend of two gases, that when inhaled it is absorbed by the body and has a calming effect. This effect only lasts while the child is inhaling the gases, and quickly dissipates when 100% Oxygen is administered. Your child will smell a sweet aroma of their choice and experience a sense of relaxation. They will remain conscious, but sometimes they will sleep if they are tired. It is administered through a nasal mask, therefore the child must breathe through his/her nose in order for the gases to work ideally.

How safe is Nitrous Oxide/Oxygen Analgesia?

It is very safe. It is not addictive. Your child remains conscious and keeps all natural reflexes and is able to breathe and talk on their own while using the gases. It is recommended that your child not eat two hours before administering the gases because occasionally, nausea or vomiting can occur when the child has a full stomach.

Will Nitrous Oxide/Oxygen work for all children?

Nitrous Oxide/Oxygen may not be effective for some children; especially those who have severe anxiety, nasal congestion, and extensive treatment needs or discomfort wearing the nasal mask. Dr. Mathias has comprehensive specialty training and can offer other sedation methods that may be right for your child. These may include a conscious sedation or the use of the outpatient facilities at Lancaster Regional Medical Center.

Consent for Administration

I, _____, parent/legal guardian of _____, have been informed of the purpose and of the procedure and how it will benefit my child's treatment. The procedure has been explained to me and I understand how it will be accomplished. I understand the risks that may be associated with this procedure such as headache, dizziness, nausea, and vomiting. Therefore, I give consent to the use of Nitrous Oxide/Oxygen. I agree to hold harmless, release and indemnify agents, and employees of Parkside Dentistry, P.C. and/or Dr. Rana L. Mathias, D.D.S. from any and all causes of action, claims, demands, and or liability that may arise out of such treatment of behalf of myself, my heirs, my executors on behalf of my minor child.

Parent/Guardian: _____ Date: _____

Witness: _____ Date: _____