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**GENERAL ANESTHESIA IN OFFICE**

The use of general anesthesia during dental treatment is an important decision. Although it may seem like an extreme measure, it is often the best way quality dental care can be safely performed on some children.

Your child will receive general anesthesia administered by an MD Anesthesiologist. All treatment will be complete in a single visit. Any additional treatment found because of lack of x-rays or ability to get a complete exam will be done at this time.

I understand that there are other alternatives to general anesthesia including no treatment, local anesthesia only, nitrous oxide or oral sedation. Some of these options may not be appropriate for your child based on their age, cooperation level, medical needs, or extent of decay or infection.

I agree to have my child abstain from any food or drink (except clear liquids) for at least 8 hours before the procedure(s) or course(s) of treatment. I understand that my not refraining may result in complications during or postponement of the procedure(s) or course(s) of treatment.

I give permission for the anesthesiologist to administer the anesthetic, and any medications they deem necessary to ensure my child's safety and/or comfort.

I have been given the opportunity to ask questions and express concerns I have about the anesthesia, including the reasoning my dentist has recommended general anesthesia. I acknowledge that the providers involved has answered my questions and addressed my concerns, and provided the risks and benefits of both general anesthesia AND other treatment options, including the option to not perform dental treatment. I understand that treatment for my child may change while in the operatory pending the child's dental status and the pediatric dentist's findings while evaluating my child's teeth. To limit the amount of time my child is under general anesthesia/sedation, I understand the dentist will try their best to notify me of any changes to the dental treatment plan, but may not be able to until the end of the procedure.

I confirm that I understand this form and the information contained therein. I am a native speaker of English or have been offered the services of a qualified translator who has explained the information in my native tongue

I have read and understand the information above and give authorization to set up an in-office general anesthesia date, and preauthorize my medical insurance for anesthesia.

\_\_\_\_\_  
Signature of Legal Guardian/Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date of Birth

## **M2 PRE-SEDATION INSTRUCTIONS**

FOR PATIENTS WHO ARE SCHEDULED FOR SEDATION OR GENERAL ANESTHESIA FOR DENTAL TREATMENT. IT IS IMPORTANT FOR YOUR CHILD'S SAFETY THAT YOU FOLLOW THESE INSTRUCTIONS CAREFULLY. FAILURE TO FOLLOW THESE INSTRUCTIONS COULD RESULT IN UNNECESSARY COMPLICATIONS.

**ARRIVAL:** You and your child will need to be on time, arriving late may result in insufficient time to complete the planned treatment. This may result in less treatment completed or the whole appointment being rescheduled.

**EATING:** The best results can be achieved if your child has not eaten before treatment. To ensure the proper effectiveness of sedation and avoid vomiting, please **NO FOOD OR LIQUIDS 8 HOURS PRIOR TO PROCEDURE.**

**CLOTHING:** Please dress your child in a short-sleeved top and loose comfortable pants or pajamas are great. Avoid hair styles that tie at the back of the head.

**MEDICINES:** **DO NOT** give your child **ANY MEDICATIONS OR DRUGS** that have not been previously discussed with the Doctor.

**CHANGE IN HEALTH:** Inform the office if there has been any change in your child's health status, including a cold or fever.

## **POST-OPERATIVE INSTRUCTIONS**

FOR PATIENTS WHO HAVE RECEIVED SEDATION OR GENERAL ANESTHESIA FOR DENTAL TREATMENT. IT IS IMPORTANT FOR YOUR CHILD'S SAFETY THAT YOU FOLLOW THESE INSTRUCTIONS CAREFULLY. FAILURE TO FOLLOW THESE INSTRUCTIONS COULD RESULT IN UNNECESSARY COMPLICATIONS.

**ACTIVITIES:** **DO NOT** plan or permit activities for your child after treatment. Allow your child to rest and closely supervise any activity for the remainder of the day. When sleeping, encourage your child to lay on his/her side or stomach.

**GETTING HOME:** Your child should be closely watched for signs of difficulty breathing. Make sure they are carefully secured in a car seat or seat belt during transportation. Preferred to have an extra set up hands to sit with them in backseat but not required.

**DRINKING OR EATING AFTER TREATMENT:** After treatment, the first drink should be plain water. Clear liquids can be given next such as fruit juice, 7-UP, Gatorade, Ginger Ale, soup broth. Small drinks taken repeatedly are preferred to taking large amounts. Soft, bland food, not too hot such as scrambled eggs, mashed potatoes, yogurt, pudding, ice cream, may be taken when desired.

**TEMPERATURE ELEVATION:** Your child's temperature may be elevated to 101F for the first 24 hours after treatment. Tylenol every 3 to 4 hours and fluids will help alleviate this condition.

**EXTRACTIONS:** If your child has had teeth removed, a small amount of bleeding is normal. Do not let your child spit or use a straw the first 24 hours as it will cause more bleeding.

**BRUSHING TEETH:** Since your child has had a cleaning and fluoride treatment today, it is not necessary to resume tooth brushing until tomorrow morning, however, it is very important that you start brushing and flossing daily after that to prevent future dental problems.

**BEHAVIOR:** A child's surgery can be a difficult experience for everyone in the family and your child may have a hard time adjusting at home. Your child may temporarily behave differently from normal with problems such as:

1. Sleep Pattern Changes- Lethargic
2. Clingy behavior- Hyperactivity
3. Eating changes –Appetite loss

**SEEK ADVICE:** Please reach out if any of the following issues occur:

1. Temperature above 101 degrees F for over 24 hours.
2. If vomiting persists beyond 4 hours.
3. If there is any difficulty breathing or coloration of the skin is poor.
4. If any other matter causes you concern.