



Pre-Sedation Instructions

PARENTS: This form is designed to inform you of the sedation process and what is needed from you prior to your child's sedation appointment. ALL sedation appointments are completed at our sedation center located at **18501 Pines Blvd, Suite 211, Pembroke Pines, FL 33029**, on the second floor of the Atria building.

FEES: Please note that ALL fees must be paid in advance with credit card or cash. No personal checks accepted. The facility fee is NON-REFUNDABLE. Also, once sedation medications are administered, ALL fees are NON-REFUNDABLE.

SEDATION TREATMENT: Our new sedation center is designed similar to a surgery center. We use stretchers to transport the patients. We have a waiting room/lobby, designated pre-operative area, treatment rooms and a recovery area. After we administer the oral medications to your child, we will be taking them to the treatment rooms. Parents are NOT allowed in the treatment rooms due to use of controlled medications and for the safety of their child. In the treatment room, your child will be administered inhaled laughing gas and depending on the child's behavior and cooperation, they may also be administered more medications intramuscularly and may receive an IV as well. Do not worry, we will be caring for your child the entire time. As soon as the procedure is done, will be able to sit with your child as they recover after the treatment. Recovery is typically for 30 minutes after the procedure.

APPOINTMENTS: Prior to making an appointment, you must pay the facility fee and complete the Member Financial Responsibility Form (MFR). You must confirm your appointment date via text or telephone 2 weeks prior and 1 day prior to the appointment when contacted by our office. If you fail to confirm the appointment, your appointment will be CANCELLED. The exact time of your appointment will be provided the day before your appointment. Also, your appointment time is NOT guaranteed. Due to the nature of our business, sometimes delays happen. We would appreciate your understanding and patience as you may have to wait until we are ready for your child. The day of the appointment, PLEASE PLAN TO BE IN OUR OFFICE FOR ATLEAST 4 HOURS as it takes time to sign consents, do a pre-op evaluation, administer medications, complete the procedure and then recover the child after the procedure. Make arrangements for work and picking up any other children from school as you may be in our office for several hours. During your child's treatment, we ask that you remain in our waiting room the entire time and not leave the office for any reason. Please do not send your child to school the day of their appointment. They will potentially eat or drink something at school which will result in cancellation of appointment. They should remain with you or a responsible adult who can properly monitor them before the appointment to make sure they do not eat or drink anything. We would like you to arrive 15 minutes prior to your appointment time so that we can check you in and complete paperwork prior to the treatment.

MEDICAL CLEARANCES: ALL patients MUST receive a medical clearance from their pediatrician prior to their sedation appointment. The medical clearances are valid and acceptable for 30 days. Please provide your pediatrician with the Pediatric Sedation Medical Clearance Form from our office and the letter in your sedation packet. The pediatrician must complete this form entirely prior the appointment. This completed form must then be emailed to sedation@americanpediatricdental.com or faxed to 954-637-1955. Please note that our anesthesiologist has the final say if your child is clear to receive sedation in our office. Sometimes despite having a medical clearance from the pediatrician, our anesthesiologist may not be comfortable doing the sedation in the office setting. Your child's safety will always come first!

CHANGES IN HEALTH: Please notify our office of ANY changes in your child's health within 7 days of your child's appointment. Any onset of coughs, congestion, colds, fevers, or flu-like symptoms are serious and are CONTRAINDICATED for the sedation treatment. If you fail to notify us in advance, you risk having your appointment cancelled so please do not place your child's safety at risk. Please call us and we will quickly reschedule your child for a later date once he or she is feeling healthy again.

18501 Pines Blvd., Suite 211, Pembroke Pines, FL 33029

Phone: 954-417-1330 Fax: 954-637-1955

Email: Sedation@AmericanPediatricDental.com



EATING AND DRINKING: Your child is **NOT** allowed to eat or drink anything (not even water) after midnight the day before their procedure. The reason for this rule is to avoid vomiting and potentially serious life-threatening complications such as aspiration pneumonia. Please closely monitor your child the day of their appointment to make sure he or she does not try to eat or drink anything before their appointment. If your child eats or drinks anything, their appointment will be cancelled and you may be placing your child's life at risk. It is recommended to give your child lots of fluids such as Gatorade or Pedialyte (any flavor) the evening before their procedure so that they are well hydrated for their sedation appointment on the next day.

GETTING HOME: We recommend that a responsible adult accompany the child the day of their sedation appointment. The adult must continuously monitor the child for the rest of the day after their appointment. Please make the proper arrangements with work and picking up other children. We recommend you go straight home after the appointment and remain there the rest of the day. It would be ideal to have 2 responsible adults to accompany the child the day of their sedation appointment. This will allow one adult to sit in back seat with the child on the way home so that the child is continuously monitored. However, we understand that this is not always possible. We also recommend that you provide your child with lots of clear fluids (Gatorade or Pedialyte) after the sedation procedure so that they are well hydrated. Your child may feel sleepy or drowsy for several hours after the procedure.

If you have any further questions or wish to contact us to schedule an appointment, please call us at 954-417-1330 or you may email us at sedation@americanpediatricdental.com.

By signing below, I acknowledge that I have read and received the Pre-Sedation Instructions.

Name of Parent

Signature of Parent

Date