*You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to worry or alarm you; it is simply an effort to make you better informed, so you may give or withhold your consent to the procedure.*

Introduction

Nitrous oxide (also known as “laughing gas”) is a colorless, odorless gas that is used during procedures for relaxation and anxiety relief. It is opioid-free and non-addictive. When inhaled, it can induce feelings of euphoria and sedation. It also can produce sensations of drowsiness, warmth and tingling in the hands, feet and mouth. It will not induce unconsciousness in the office setting. You will be able to swallow, talk and cough as needed. Sedation with nitrous oxide has limitations and risks, and absolute success cannot be guaranteed. You will be able to rationally respond to questions and directions. For some people nitrous oxide sedation may not calm them adequately to allow a medical procedure to be done. These people may require referral for other sedation techniques.

Contraindications

Please let us know if you have any of the following medical conditions, because we may not be able to safely use nitrous oxide: use of supplemental oxygen for a condition such as chronic obtrusive pulmonary disease (COPD) and chronic emphysema; first trimester of pregnancy, Vitamin B-12 deficiency, respiratory diseases, inner ear or eye surgery within the past two weeks. Please tell us if you have eaten in the past two hours. Please tell us if you have used any recreational drugs in the past week.

Please check yes or no to the following:

1. Do you have severe COPD? ☐Yes ☐No
2. Do you have an emphysematous bleb? ☐Yes ☐No
3. Have you had a recent upper respiratory tract infection? ☐Yes ☐No
4. Do you have pneumothorax, pulmonary blood, air embolism, bowel obstruction? ☐Yes ☐No
5. Have you had inner ear and/or eye surgery within the last two weeks? ☐Yes ☐No
6. Do you have a vitamin B-12 deficiency? ☐Yes ☐No
7. Have you had bleomycin chemotherapy within the past year? ☐Yes ☐No
8. Is there any possibility that you could be pregnant? ☐Yes ☐No
   1. If no, why not? ☐No uterus ☐Other:

After the procedure

Recovery from nitrous oxide sedation is rapid. The gas will be flushed from your system with oxygen. If you feel dizzy after the sedation, remain seated and the sensation should pass in a few minutes. Do not leave the office until your head feels clear, and you are able to function (i.e., walk and drive) safely.

Risks of nitrous oxide

You may feel nauseated, dizzy, drowsy or claustrophobic during and after sedation. Sweating may occur during the procedure and you may become somewhat flushed during administration of nitrous oxide. Some patients will talk excessively. Although not common, you may experience shivering at the end of the sedative procedure when the nitrous oxide has been terminated. You may not feel capable of driving after nitrous oxide. If this occurs, we will keep you until you feel better or have you call a friend or cab to insure your safety.

Alternatives to nitrous oxide

You may choose not to use nitrous oxide and complete your procedure without any treatment for anxiety.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to use nitrous oxide for the purpose of pain and anxiety control during my procedure. I certify that I have read this form or have had it read to me and my questions have been adequately answered and that I fully understand its contents.

The risks and benefits of inhaled nitrous oxide for pain and anxiety control have been explained to me as have alternative forms of pain control options.

I understand that using nitrous oxide may make me unsteady and that if need to get out of the bed or off the procedure table, I will do so only with assistance.

I agree to hold the mouthpiece/mask without assistance from others.

I understand that some possible side effects of nitrous oxide include dizziness, nausea, light-headedness, unsteadiness.

I understand that nitrous oxide has been safely used throughout the world for pain and anxiety management for many decades, and continues to be used worldwide today. I also understand that the risks for nitrous oxide use are the same risks that exist for virtually all other pain-relieving medications that I may choose to use during my procedure.

I understand, agree to the above, and wish to use nitrous oxide during my procedure.

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| --- | --- | --- |
| **Patient’s signature** |  | **Date of signature** |
| **Patient’s printed name** |  | **Date of birth** |
| **Provider’s signature** |  | **Date of signature** |