

PATIENT INFORMATION:

Today's Date: _____

Name: _____ Date of Birth: _____ Age: _____

Nickname: _____ Sex: _____ Height: _____ Weight: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

RESPONSIBLE PARTY:

Name of Person/Relationship: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

MEDICAL HISTORY:

Have you ever had any of the following medical problems?

- | | |
|--|--|
| ☐ Y ☐ N Allergy to Latex | ☐ Y ☐ N Cerebral Palsy |
| ☐ Y ☐ N Allergies to Medications (Please list below) | ☐ Y ☐ N Handicaps/Disabilities |
| ☐ Y ☐ N Asthma/Lung Problems | ☐ Y ☐ N Hemophilia |
| ☐ Y ☐ N High Blood Pressure | ☐ Y ☐ N Parkinson's Disease |
| ☐ Y ☐ N High Cholesterol | ☐ Y ☐ N Alzheimer's Disease |
| ☐ Y ☐ N Heart Murmurs/Defects | ☐ Y ☐ N Tuberculosis |
| ☐ Y ☐ N Heart Surgery | ☐ Y ☐ N Mastocytosis |
| ☐ Y ☐ N Other Surgery _____ | ☐ Y ☐ N Tracheal Malacia |
| ☐ Y ☐ N Seizure Disorder (Epilepsy) | ☐ Y ☐ N Cancer |
| ☐ Y ☐ N Autism | ☐ Y ☐ N Muscular Dystrophy |
| ☐ Y ☐ N Diabetes | ☐ Y ☐ N Sickle Cell Anemia |
| ☐ Y ☐ N Down Syndrome | ☐ Y ☐ N Malignant Hyperthermia |
| ☐ Y ☐ N Other Syndromes _____ | (Patient or Familial History) |
| ☐ Y ☐ N Possibly PREGNANT (Women >10 years old) | |

Please discuss any medical problems that you have/had: _____

Are you currently under the care of a physician? ☐ Yes ☐ No Date of Last Visit: _____

Physician Name: _____ Phone Number: _____

Are you followed by a SPECIALIST? ☐ Yes ☐ No Please indicate ALL that apply: ☐ Cardiologist ☐ Endocrinologist

☐ Geneticist ☐ Hematologist ☐ Neurologist ☐ Oncologist ☐ Pulmonologist ☐ Other _____

Please list ALL current medications: _____

Please list ALL allergies (medicine, food, latex, etc.): _____

The information on this questionnaire is accurate to the best of my knowledge. I understand that the information will be held in the strictest of confidence and it is my responsibility to inform Dr. Lisa Gortari of any changes in the medical status of this patient at the earliest possible time.

Signature of Patient or Guardian: _____ Date: _____

Reviewed by: _____ Date: _____



Desert Dental Anesthesia

Desert Dental Anesthesia
Dr. Lisa Gortari
Ph: (909)229-3134 Fax: (866)300-4332
Email: Info@desertdentalanesthesia.com

Medical Records Request for Office Based Anesthesia

I have been consulted to provide IV Sedation/General Anesthesia for the following patient for dental surgery at their dental office. Please provide the most recent history and physical, clinical notes, medication list, labs, EKG, and diagnostic testing results. Please fax or email all information as soon as possible to ensure timely treatment of the patient. We have informed the patient that the H and P and medication list should be current and up to date.

Physician Name: _____.

Office Address: _____.

_____.

Phone Number: _____.

Fax: _____.

I, _____, DOB: _____ give permission to release all relevant medical records to Dr. Lisa Gortari to review for my upcoming dental surgery.

Signature: _____ Date: _____.

Adult Anesthesia Overview

Pre-operative

- ✓ Complete the medical history and consent form prior to your appointment. This allows our doctors to review the medical history before your appointment and further investigate your health history if necessary.
- ✓ Follow pre-op guidelines regarding food and drink. An empty stomach minimizes the chances of food particles being aspirated into the lungs, which results in a life threatening pulmonary infection.
- ✓ Recent cough or fever. Please call the office and consider rescheduling your appointment.

Induction of Anesthesia

Induction of general anesthesia is the start of anesthesia. There are several methods of starting general anesthesia. The type of induction depends on several patient factors: medical history, level of cooperation, and surgical complexity. Your anesthesiologist will suggest the most appropriate method of induction. The caretaker(s) will be asked to go to the lobby immediately after the induction period.

1. ***Awake intravenous catheter placement and intravenous induction:*** This method is most appropriate for moderately cooperative patients who can sit still and not thrash around. Your anesthesiologist may also suggest this method if there is concern with the patient's airway; an IV catheter allows for immediate administration of reversal agents and emergency medications.
2. ***Mask Induction with inhalational anesthesia:*** Anesthesia gas will be delivered to the patient through an anesthesia mask for approximately 1 minute. The anesthesia gas will have a mildly pungent scent. An intravenous catheter will be placed after the patient falls asleep.

Your anesthesiologist and dentist will stay with you the entire time to ensure your comfort and safety. Vital signs monitored during this period includes oxygen levels, heart rate and rhythm, blood pressure, and ventilation.

Recovery

The typical recovery period is 30 to 60 minutes. We will ask your caretaker to stay with you during this period so that when you wake up a familiar face is present. Pink markings will be present on your body from tape used to protect your eyes, stabilize the head, secure the breathing tube, heart monitors, and IV line. These pink markings are temporary. Bruising may also be observed from the IV placement. Orofacial swelling may also be present secondary to the dental procedure.

Confusion, weakness, tiredness, and grumpiness are all normal behaviors displayed after waking up from anesthesia. Blurry vision, dizziness, and mouth numbness may also be experienced. These side effects will resolve with time.

Hand and eye coordination is severely impaired after anesthesia. Please plan to be driven home after the anesthetic event. The patient will not be allowed to drive home under any circumstances.

Once you get home it is normal for you to nap for 2-3 hours. Your care taker is to accompany you for the remainder of the day. Cancel all activities for the day; remain indoors for the rest of the day.

Initiate clear liquids at home. Progress to popsicles, applesauce, and Jell-o an hour later. Advance your diet to soft light foods such as smoothies, soup, crackers, and pasta for the remainder the day. Dairy products should be avoided for the first 2 hours due to its difficulty to digest. Nausea and vomiting may occur during the car ride home or the first few hours after arriving home. It should subside after the first few hours. Call your anesthesiologist if vomiting is persistent.

Take pain medications as directed by your dentist and anesthesiologist.

Patient Name:_____

Patient safety is of our utmost concern. Serious complications are *rare* and not to be expected. The anesthesiologist will be present with the patient for the entirety of the procedure. Advanced anesthesia equipment required by the state of Arizona will be present and patient’s vital signs will be monitored throughout the procedure. However, there are certain risks that are inherent to the administration of anesthesia. These include but are not limited to: bruising or tenderness at the IV or IM (shot) site, soreness of the mouth, lips, nose or throat, temporary dizziness, blurred vision, weakness and impaired judgment, post-operative drowsiness, nausea and/or vomiting. For these reasons, the patient is advised to avoid driving or making major decisions for 24 hours following anesthesia. Children undergoing anesthesia should have direct parental supervision 24 hours following anesthesia. Extremely rare complications of general anesthesia such as anaphylaxis, malignant hyperthermia, cardiac dysrhythmias or arrest, and vomiting with aspiration would require emergency transport and hospitalization.

As in the case with normal operating room procedures, family members **will NOT be allowed to be present during the procedure** but will be invited to accompany the patient during both the induction and recovery from anesthesia.

I, _____, have had the risks and potential complications as well as the anesthetic plan explained to me. I understand that I am responsible for the costs of treating any potential complications that require additional medical treatment. I have had all of my questions answered to my satisfaction and agree to proceed with the anesthetic. I hereby authorize an anesthesiologist from Arizona Dental Anesthesia, LLC to provide anesthesia services and any other procedure deemed necessary or advisable as a corollary to the planned anesthetic procedure. I understand the anesthesiologist assumes no liability from the dental treatment performed, and that the dentist assumes no liability from the anesthesia performed.

FEMALES: I understand that anesthesia may be harmful to the unborn child and may cause birth defects or spontaneous abortions. I accept full responsibility for informing the anesthesiologist of the possibility of being pregnant, a confirmed pregnancy, and/or being a nursing mother.

The patient will have nothing to eat or drink (nothing by mouth) after 12 AM the night before the appointment (unless otherwise specified). Even small amounts of food given before anesthesia may result in serious life threatening complications requiring emergency services and hospitalization.

These restrictions are for the safety of the patient. I acknowledge the pre-operative fasting regulations and will ensure that they are followed.

Patient/Responsible Party (PRINT)
Signature
Date

HIPAA Privacy Statement

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information.

I understand that this information can and will be used to: **1)** Conduct, plan, and direct treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly. **2)** Obtain payment from third-party payers.

Patient/Responsible Party (PRINT)
Signature
Date



Patient Name: _____

Date: _____ Legal Guardian: _____

Procedure(s): _____

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☐ Monitored Anesthetic Care. MAC involves the use of oral, nasal, intramuscular and/or intravenous medications during a procedure to relieve anxiety and/or pain. Though patients are conscious during MAC, memory of the procedure is distorted or limited.	☐ Local Anesthesia. LA involves the localized injection of an anesthetic medication around isolated nerves to produce regional or localized numbness. This technique may or may not be used in conjunction with all levels of sedation or general anesthesia.	☐ General Anesthesia. GA involves the administration of oral, nasal, intramuscular, intravenous, and/or inhalation medications resulting in complete unconsciousness and total relief from all surgical pain.
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BENEFITS: The doctors cannot completely guarantee that you or your child will receive any of these benefits, though an overwhelming majority of patients do. Only you can decide if the following benefits outweigh the inherent risks: (1) reduction or elimination of perceived pain; (2) reduction or elimination of anxiety; (3) maintenance of stable vital signs; (4) complete unconsciousness during general anesthesia only; (5) reduction or elimination of a gag reflex; (6) amplified quickness for completion of treatment; (7) improved quality of surgical care; and (8.) procedural amnesia.

RISKS: It is essential to understand the associated risks before undergoing this procedure. Though complications are extremely rare, no procedure is completely free of risk. The following risks of sedation & analgesia (MAC) are well recognized, but there may also be risks not included in this list that are unforeseen by your doctor. *You or your child (1) may experience respiratory depression. Breathing could slow or even stop. This could require the placement of a temporary breathing tube while medication(s) wears off, or possibly longer if necessary; (2) may develop a decreased blood pressure requiring treatment that may consist of administering intravenous fluids or medication(s). Either of these treatments may require a transfer to a nearby hospital until this condition is stabilized;*(3) may develop an adverse reaction at an injection or IV site or to medications that could result in bruising, tenderness, infection, bleeding, nausea, vomiting, aspiration/pneumonia, seizures, hallucinations, blurred vision, weakness, impaired judgment, prolonged drowsiness, itching, skin rash, allergic reaction, anaphylaxis, fever, cardiac arrhythmias requiring drug treatment, malignant hyperthermia, cardiac arrest, coma or even death; (4) in some cases, it may be prudent to administer medication(s) to counteract the effects of a sedative or narcotic pain reliever to manage side effects or complications. This may cause you or your child to be more awake during the procedure. *In addition to these items, risks of local anesthesia (LA) includes, but is not limited to (1) nerve damage or infection necessitating further treatment that may or may not ultimately correct the problem; and (2) there may be a failure to achieve an adequate nerve block, which may require that the block be repeated or that deeper forms of sedation or anesthesia be needed. In addition to all the above items, risks of general anesthesia (GA) include, but are not completely limited to: (1) damage to the teeth during placement of a breathing tube; (2) sore throat, hoarseness, croup or injury to the vocal cords; (3) injury to facial tissues, lips, mucosa, and/or eyes; (3) lung collapse, injury to blood vessels, heart attack, stroke and even death; lastly (4) the anesthesia could fail to sedate you or your child completely, causing the possibility of operative awareness.*

Complications: *When they occur, typically are minor and managed without consequences; however, it is important to realize that serious complications are possible. The anesthesia team reserves the right to: (1) extract teeth that are mobile and deemed an aspiration risk, and/or (2) stop treatment at any time during the delivery of care. Repeated or lengthy use of sedation & general anesthetic drugs during surgeries in children under age 3 may affect the developing brain, leading to behavior or learning deficits. Sedative or anesthetic medications may cause birth defects or spontaneous abortion in pregnant patients. These drugs should be avoided in individuals that are known to be pregnant.*

ALTERNATIVES: The alternatives to sedation, analgesia or anesthesia include: (1) undergoing the planned procedure without sedation, anesthesia and/or analgesia; and (2) re-evaluating the need for the planned surgical procedure(s) with your dentist. If you or your child decides not to undergo this procedure, there may also be risks associated to this decision, which should also be discussed with the dentist and/or surgical team.

The Anesthesiologist reserves the right to cancel or delay the anesthetic treatment for ANY reason that may jeopardize the safe administration of the procedure.

☐ My signature below indicates that: (1) a representative of the anesthesia team has discussed the risks, benefits and anesthetic options and answered all associated questions; (2) I authorize and consent to the discussed anesthesia plan; (3) I understand that, despite the anticipated anesthetic plan, I am providing consent for the use of all levels of sedation/anesthesia noted above, as intraoperative changes may be required; (4) I am aware that anticipated surgical treatment(s) may change based on new intraoperative findings; (5) I am aware that sedative and general anesthetic drugs are harmful to an unborn fetus, and acknowledge that the patient is not pregnant; and (6) I am aware that repeated and/or lengthy exposure to sedative and general anesthetic medications and gases may have negative effects on brain development in infants and toddlers.	
☐ The patient, parent, conservator or legal guardian declines to be informed. Although I have been given the opportunity to be advised of the risks, benefits and options of sedation and anesthesia, I specifically decline to be so advised, but I still do give my consent for the delivery of this anesthetic. Furthermore, I admit that no warranty or guarantee has been made as to the result of this anesthetic procedure. I understand that there are risks.	
_____ Signature of Patient, Parent, Conservator or Legal Guardian (Sign and Print)	_____ Date

_____ Signature of Anesthesiologist (Sign and Print)	_____ Date
_____ Signature of Witness (Sign and Print)	_____ Date

_____ Signature of Witness to Telephone Consent (Sign and Print)	_____ Date
_____ Signature of Translator (Sign and Print)	_____ Date

PATIENT NAME: _____ Date: _____

DIET

First Hour (1) – Patient may slowly begin with CLEAR liquids (water, Gatorade, apple juice, etc).

Second Hour (2) – Patient may proceed to soft foods.

Third Hour (3) – If patient is doing well with liquids and softs, may slowly progress to regular diet.

Avoid meat, dairy, and greasy foods. In addition, the dentist may prescribe certain dietary restrictions.

PAIN & DISCOMFORT

It is not uncommon for the patient to experience pain after his/her dental procedure. The anesthesiologist may have administered IV pain medications, and the dentist may have administered local anesthesia (numbing) to help the patient deal with potential pain. These medications typically wear off after a couple of hours. The following medications may be recommended for post-operative pain control. **If the patient is experiencing persistent pain after taking recommended medications, please contact the DENTIST.**

☐ Tylenol/Acetaminophen (dose per package instructions)

☐ Immediately

- OR -

☐ Ibuprofen/Advil/Motrin (dose per package instructions)

☐ Immediately

☐ Begin at _____am/pm

NAUSEA & VOMITING

Occasionally nausea and vomiting may occur following anesthesia. Anti-nausea medication was administered through the patient IV during the procedure. If the patient experiences nausea or vomiting after discharge, restrict diet to clear liquids (see above), until symptoms subside. **If patient is experiencing persistent nausea or vomiting, please contact the ANESTHESIOLOGIST.**

EXPECTED ACTIVITY

Patient may be tired and sleepy for the next several hours, and may take several naps. The patient should NOT drive, bike, swim, sign contracts, or engage in any other activity that requires full physical and mental coordination for the rest of the day. Patient may resume normal activities on the day following his/her surgery.

FEVER

Patient may experience a low-grade fever following anesthesia. Patient should stay indoors, and remain in a cool temperature controlled area.

MEDICATIONS

Please resume medications as prescribed unless otherwise indicated by the Anesthesiologist or Dentist.

ADDITIONAL INSTRUCTIONS: _____

I have reviewed these discharge instructions with my anesthesiologist and/or their assistant and have had all of my questions answered to satisfaction. I will receive a copy of these instructions and provide a contact number where I may be reached for the next 24 hours.

Discharged to: _____ Relationship: _____

Signature: _____ Phone: _____

Anesthesiologist: Dr. Lisa Gortari Phone: (909)229-3134