



Angela E. Pinkerton, DMD Board Certified Pediatric Dentist  
 575 Rivergate Lane, Suite 98  
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**PREOPERATIVE SEDATION INFORMATION FOR DENTAL TREATMENT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Due to your child’s dental needs and inability to cooperate in the chair, we feel it is necessary to give your child sedative medication before dental treatment. The following medications will be given to your child:

DEMEROL, CHLORAL HYDRATE, VISTARIL

The medication should make your child feel sleepy within the hour. Your child may fall asleep before, during and after dental treatment, but should be awakened easily. As with any sedative medication your child may experience an opposite effect and become excited and/or irritable.

Do not give your child any medications before treatment unless previously discussed or prescribed by our office.

We recommend that a second responsible person come with you to the appointment to help take care of your child on the drive home. Please do not bring siblings or other children to the sedation appointment.

You child will need to have a physical assessment by a physician that falls within 6 months of your sedation date. You are responsible for scheduling this. We do ask that we receive this form at least one day in advance to prepare for your child’s appointment.

**Do not give your child any liquids or solid foods after midnight before the dental appointment. This means no breakfast or brushing teeth!**

*A \$50 broken appointment fee will be charged if your child has eaten or if we do not receive a minimum of one week (7 days) notice for any cancellation or reschedule. Per this cancellation policy, if there is an estimated patient portion, that amount is also due 1 week in advance to hold the appointment. It is important that you contact our office about any change in your child’s health within 48 hours of the dental appointment.*

**A PARENT OR LEGAL GUARDIAN OF THE CHILD MUST BE PRESENT AT THE OFFICE AT ALL TIMES DURING THE SEDATION APPOINTMENT.** If you have any questions regarding these instructions about your child’s dental care please call me at 970-259-0600.

Angela E. Pinkerton, D.M.D

The above instructions have been explained to me. I understand that **failure to follow instructions regarding eating may be life threatening**. I understand the procedures and will follow these instructions.

Signature: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_ Date: \_\_\_\_\_



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## **DENTAL POSTOPERATIVE SEDATION INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your child has been sedated for dental treatment with the following medication(s) and dosage:

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Please do the following:

1. It is best to keep your child awake for two hours following the appointment
2. Watch your child closely for the next few hours. Your child may be disoriented and walking will be difficult. Your child will be able to return to normal activities tomorrow.
3. A second responsible person must watch your child in the car while driving home.
4. Do not allow your child to sleep with the chin dropped down towards the chest: that position may prevent adequate breathing. Keep the head turned to the side. Check on your child frequently.
5. Your child's stomach may feel upset after the appointment. If vomiting occurs, call the office.
6. If your child has had teeth removed, give liquids and soft foods today.
7. Watch for lip/cheek/tongue biting or picking at the face due to the numbness from the local anesthetic.
8. Continue your child's regular medications 4 hours after the appointment.
9. Your child's temperature may be elevated slightly after the appointment (100 degrees F). Tylenol every 4 hours will help bring the temperature down. If his/her temperature goes above 101 degrees F, call the office.
10. If your child has difficulty breathing or is exceptionally drowsy today, call our office immediately. During evening, call Dr. Pinkerton 970-317-1499. If this is not possible, you should seek emergency medical assistance as soon as possible.

The above instructions have been explained to me. I understand the procedure and will follow the instructions.

Signature: \_\_\_\_\_ Relation to patient: \_\_\_\_\_