

Oral Sedation Guidelines and Information

Oral sedation can be used to assist in the treatment of your child. However, before proceeding it is important and essential that you understand fully the complications and difficulties with oral sedation. As with any medication, **there may be side effects**. Please read this guideline carefully. You will be asked to sign a statement that you have UNDERSTOOD AND AGREE TO THE FOLLOWING.

Effects of the Drug

The sedative medication your child will be given is called midazolam. It is a short acting valium. It will have a calming and relaxing effect but will not cause sleep.

Even with sedation, children may still cry during treatment.

The medication will cause dizziness and loss of balance. Your child must be supervised carefully after treatment or else may fall and injure him/herself.

Complications of the Drug

The sedative can cause nausea and rarely vomiting. Hallucination is possible but not common. This may confuse the child and make him/her quite difficult to manage. As the drug is wearing off some children will become hyperactive or very emotional. This can be upsetting for parents.

In rare cases, the medication can have the opposite of the intended effect and may actually excite your child. Mood swings may occur. Ie from being very tranquil/calm to disorientated/hyperactive.

Midazolam has a strong amnesic effect. Should your child be fussy during treatment, they will likely not remember the appointment due to this effect. Do not ask your child questions after the appointment about things you think may have been unpleasant. This will reinforce those memories.

In very rare cases the medication may decrease breathing. You will be kept in our office for monitoring after treatment is finished to let the majority of the sedative effect pass.

Should the child have difficulty with breathing after discharge, immediately contact our office, your physician, or go to the emergency department at your local hospital.

Eating / Drinking and Preparation

The sedative will be given 20 minutes before starting treatment.

The parent or guardian must accompany the child to the appointment (no substitutes) and must remain in the office until treatment is completed.

Your child must not have anything to eat or drink for 8 hours prior to getting the sedative (6 hours for light meals without fat or protein). This is critical for safety. Like any medication, the sedative may cause nausea. Should your child vomit while sedated, there is a risk of food aspiration into the lungs which can be very serious.

Please take your child to the bathroom to make sure they have an empty bladder (this can be done after the medicine is given and we are waiting for it to take effect).

Change in Health

Please inform our office if your child becomes sick with a cold/flu before the day of treatment. A mild cough is not a concern. Dr. Goralski/Morley will do a physical exam before giving any sedative and may recommend the appointment be rescheduled if significant illness is noted.

Appropriate Clothing

Please ensure that your child wears socks that can easily be removed. A pulse oximeter will be placed on your child's toe during treatment. It monitors how well your child is breathing. No "onesies" please.

Please make sure any nail polish on the fingers or toes is removed for the pulse oximeter.

Please have your child wear light breathable clothing. A blood pressure cuff will be placed on the child's arm or calf to monitor blood pressure. Sweaters and sweatshirts are not recommended.

Protection and Stabilization Device

In most cases, children six years of age or younger will be placed in a **pediatric protection and stabilization device once sedated**. This is similar to being swaddled, and is done for safety and to ensure that movement is controlled during the dental treatment. We are working in their mouth with sharp instruments.

After Treatment Care

The main effects of the sedative should subside within 4 hours after it is given. **You should keep your child indoors for the rest of the day**. Closely supervise activities for the remainder of the day.

After treatment, start with fluids first. Small drinks taken repeatedly are preferable to taking large amounts. Soft food, not too hot, may be given as tolerated.

The child's temperature may be elevated slightly for upto 24 hours after treatment. Children's Tylenol may be given to control temperature. Notify our office if the temperature is above 38 C.

Ibuprofen (Advil/Moltrin) can be given for pain..

Local Anesthetic and Lip/Cheek Biting

If local anesthetic (dental freezing) is used, **it is critical that you watch your child so that they do not harm themselves by biting their lips or cheek**. Even sucking the lip will cause swelling. Do not be surprised if the lip becomes swollen for a day or two after treatment if freezing was used.

The cold from a popsicle or freezee will make local anesthetic feel better and help distract your child so he/she does not play or chew the lip or cheek. You can show the child a mirror so they see they still look the same despite the feeling of freezing.

If that is not sufficient to stop lip/cheek chewing, you must place him/her on your lap and place a finger in their mouth to bumper the lip/cheek away from the teeth to prevent biting. Generally the freezing will last about 2 hours after treatment.

Getting Home

The patient must be accompanied home by a responsible parent or guardian. This person must be available to drive the child home or accompany the child if a taxi is used. DO NOT use a bus. The child should be watched closely for breathing difficulties and carefully secured in a car seat or seat belt (according to age) during transportation.

If your child falls asleep after the appointment, it is critical that they have their head up and chin extended to help keep an open airway. If they sleep in a car seat, their head should be to the side and chin up, not collapsed down to their chest. If sleeping on a bed, they should lay on their back or side, never on their tummy, until the sedative has totally worn off. **They should be watched by an adult to make sure they are breathing well**.

We strongly suggest that two adults be available for the drive home to ensure your child's safety and comfort. There should be an adult available to sit with the child and another adult to drive.

Concerns or Complications

Call our office or your physician if you have any concerns.

After hours, you can reach Dr. Goralski at 705-481-1394 and Dr. Morley at 705 791 0591.

Call our office, Dr. Goralski or Dr. Morley, your physician, or go to the local hospital emergency department if

1. vomiting persists beyond six (6) hours
2. the temperature remains elevated above 38 C beyond 24 hours
3. there is difficulty breathing.