

# dentTIVA For Children

## PRE-ANESTHESIA INSTRUCTIONS-- Before coming to the Dentist office:

1. As you become aware, notify your DentTIVA® anesthetist if your child has recently experienced any sudden changes to his or her health as soon as possible. This is especially true for even mild colds or flu-like symptoms.
2. Your child may take regular medications with sips of water as instructed by your Anesthetist.
3. Arrange for transportation with a second adult for your return home.
4. Nothing to eat or drink for at least 8 hours before your appointment, except for regular medications. Clear liquids may be consumed up to 2 hours before your appointment.
5. Wear loose fitting clothing.

## POST ANESTHESIA INSTRUCTIONS-- Leaving after your sedation:

1. During your surgery, your child will be given an anesthetic to make him or her comfortable and free of pain. This will be administered either by a fully-trained Certified Registered Nurse Anesthetist (CRNA), dental anesthesiologist (DMD), or physician (M.D.) anesthesiologist.
2. You are required to have a responsible second adult to help transport your child from the doctor's office after surgery. You or another responsible adult must stay with your child for the next 24 hours.
3. You may be unaware of the effects of the anesthetic for 24 to 48 hours, even though you may think your child looks and feels fine.
4. During this time, your child should not engage in any activity that could be harmful to him or her such as sports or horseplay.
5. You should provide your child with assistance when engaging in activities such as walking, climbing stairs, or going to the bathroom.
6. Your child should eat only very light, easily digested foods and liquids for the next 24 hours.

My signature below indicates that I have fully read and understand these post anesthesia instruction and that my anesthesia provider has fully explained any questions that I have regarding my responsibilities related to receiving anesthesia.

CALL 911 OR YOUR LOCAL EMS IN CASE OF AN EMERGENCY

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Parent or Guardian Signature

Date: \_\_\_\_\_ Time: \_\_\_\_\_