Appendix 3: Valid informed consent to sedation and analgesia for medical/dental procedures

I have been fully informed, and I declare the following:

1. I understand the nature of procedural sedation and analgesia, the purpose of the procedure and the risks involved. I understand that no guarantee can be given with regard to the results obtained. Procedural sedation and analgesia entails the administration of sedative and/or analgesic drugs to induce a reduced level of consciousness to such an extent that normal protective airway reflexes and spontaneous respiration are maintained, and cardiovascular function is unaffected. Procedural sedation and analgesia, together with regional/local anaesthesia, will put my child in a relaxed state to make minor surgery possible. I understand that it is not a general anaesthetic and that my child is not unconscious, and that my child may or may not have to respond to commands from the surgeon and/or the sedation practitioner.
   If the procedure cannot be safely completed under sedation, the procedure may have to be abandoned and rescheduled, to be performed under general anaesthesia.

2. Unforeseen adverse events may arise during/after sedation that may require additional or different medications or treatment. I authorise the sedation practitioner to treat such adverse events according to his/her professional judgement:
   Possible adverse events include:
   - Unintended loss of consciousness
   - Drowsiness/dizziness
   - Unsteady gait
   - Shivering
   - Headaches
   - Double vision
   - Postsedation nausea and vomiting

3. I give consent to the administration of such sedative and/or analgesic drugs to my child as may be considered necessary or advisable by the sedation practitioner responsible for this service. This may include rectal medication/analgesia.
4. I accept full and complete responsibility for actual and potential costs associated with procedural sedation and analgesia, and I accept full responsibility for the costs that have been explained to me. I agree to comply with the terms and conditions of payment.
5. I have had the opportunity to ask questions and I have been given the opportunity to choose alternative methods of treatment (e.g. general anaesthesia, or local anaesthesia without sedation, or the use of local anaesthesia with behaviour management techniques) to my satisfaction.
6. I confirm that I have received written/oral instructions regarding the sedation, which I understand. I will abide by the pre- and postoperative instructions. I have completed a medical history questionnaire on behalf of my child and have declared all drugs that my child took during the last 6 months.

I,…… (patient/parent/guardian), address

……

hereby authorise the following procedure/s to be performed

……

on (name of patient)……

utilising procedural sedation and analgesia/local anaesthesia techniques under direction of

Dr ……

Patient/parent/guardian signature

……..

Witnesses:

1.……

2.……

Practitioner's declaration: I have explained the procedure of procedural sedation and analgesia, risks, alternatives and expectations to the patient/parent/guardian, and believe that he/she has been adequately informed and have consented.

Practitioner's signature ……..

Date……..