
PRE SEDATION INSTRUCTIONS

- Arrangements must be made for a responsible adult to drive the patient home after the IV sedation appointment. The patient will be unable to leave the office alone.
- The patient should have had nothing to eat for approximately 8 hours prior to the procedure.
- The patient is advised to wear loose-fitting garments.
- The patient should plan to arrive at the office approximately 15 minutes prior to the scheduled appointment.
- Should the patient develop a cold, flu, sore throat, or any other illness, the appointment will be cancelled and rescheduled at a time when the patient is more physically fit. The patient should call if any of these symptoms develop.
- The patient should take medication, as prescribed, prior to arrival in the office.

AFTER SEDATION INSTRUCTIONS

_____ Patient cannot drive or operate any hazardous devices for 24 hours after sedation.

_____ A responsible person should be with the patient until he/she has fully recovered from the effects of the sedation.

_____ Always hold patient's arm when walking. Patient should not go up and down stairs unattended.

_____ Patient can eat whenever and whatever he/she wants.

_____ Patient needs to drink plenty of fluids as soon as possible. NO ALCOHOL.

_____ Patient may sleep for a long time or may be alert when he/she leaves.

_____ Attend to both the alert or sleepy patient in the same manner. Don't trust him/her alone.

_____ Call us if you have any questions or difficulties. If you feel that your symptoms warrant a physician and you are unable to reach us, go to the nearest emergency dept. immediately.

DEPENDING ON YOUR THRESHOLD FOR PAIN YOU WILL BE PROVIDED WITH MEDICATION FOR DISCOMFORT THAT IS APPROPRIATE FOR YOU. IN MOST CASES, A NON-NARCOTIC PAIN REGIMEN WILL BE GIVEN CONSISTING OF ACETAMINOPHEN (TYLENOL) AND IBUPROFEN (ADVIL). **Alternate doses of Ibuprofen and Acetaminophen every 4 hours. (Do not take both medications at the same time).** IF A NARCOTIC HAS BEEN PRESCRIBED, FOLLOW THE DIRECTIONS CAREFULLY. **IF YOU HAVE ANY QUESTIONS ABOUT THESE MEDICATIONS INTERACTING WITH OTHER MEDICATIONS YOU ARE PRESENTLY TAKING, PLEASE CALL OUR OFFICE FIRST, THEN YOUR PHYSICIAN AND/OR YOUR PHARMACIST.**

Print Name: _____ Date _____

Patient Signature: _____