



MODERATE SEDATION DISCHARGE INSTRUCTIONS

POST OPERATIVE SEDATION INFORMATION FOR DENTAL TREATMENT

(To be given to the person responsible for the patient sedated.)

It is necessary that the patient be watched for several hours after receiving sedation.

1. They may be disoriented and stagger while walking for the next few hours. Watch closely and do not leave them unsupervised for the rest of today. They should be able to resume normal activities tomorrow.
2. A second responsible person must watch the patient if you are unable to, when returning home.
3. Do not allow the patient to sleep with the chin dropped down toward the chest, as this could prevent adequate breathing.
4. Give clear liquids and soft foods today following the appointment. **NO ALCOHOL**
5. Watch for lip/cheek/tongue biting or picking at the face due to the numbness from the local anesthetic.
6. The patient should not operate machinery for 24 hours.
7. The patient should not make any important decisions for 24 hours.
8. The patient should avoid dangerous activities such as bicycling, swimming, or working at heights for the remainder of the day.
9. The patient may temporarily feel sick, weak, or dizzy. This is normal. Some people will vomit if they eat too soon. As soon as the patient feels like they can drink without vomiting, they should try water or clear juice or soup. The patient can progress to solid food if the fluids do not cause nausea and they are feeling well. Avoid heavy or greasy foods for the remainder of the day.



10. If pain killers have been prescribed for the patient, do not take them until they are able to eat something and keep it down.
11. The patient should not take any alcohol, sleeping pills, or medicines that cause drowsiness for 24 hours.
12. If you have any questions call our Office Manager: **Natalie (530) 671-2750**
13. If you feel there is a real emergency go directly to the ER or call 911.

_____ I acknowledge receiving this post-operative consent and will provide a copy to the person or persons responsible for my post-operative care.

Patient's (or Legal Guardian's signature

Printed Name

Date