

## Pre-Anesthesia Instructions

- **Eating / Drinking**

- For anesthesia, it is of utmost importance that patients have nothing to eat or drink prior to the scheduled appointment. Failure to strictly follow these instructions could result in aspiration and may be fatal.
  - Medications should be taken with sips of water (if instructed by the Anesthesiologist).

\_\_\_\_ I am aware of the 8-hour NPO (nothing by mouth/ fasting requirement) prior to my child's/ the patient's procedure.

- **Clothing**

- Children should be in a short sleeve loose shirt and pajama pants or shorts. Please bring a change of clothing and have your child in a diaper or pull-up. Be sure to bring your child's favorite blanket as well.

- **Change in health or medications**

- ***\*\*A change in health, especially the development of a cold, cough, or fever is EXTREMELY important. Please notify our office if there is any change in your child's health. Your appointment may need to be rescheduled.\*\****

\_\_\_\_ I have fully disclosed all medications and health history of my child/ the patient. I have been informed this is for the complete safety of my child/ the patient.

- **Communication**

\_\_\_\_ I am aware that if the office and or Anesthesiologist is unable to reach me prior to my scheduled appointment date, my appointment can be cancelled.

- **DAY OF SURGERY**

- DO NOT ALLOW YOUR CHILD TO EAT OR DRINK ANYTHING
- Long hair should be tied back (low or side bun)

\_\_\_\_ I am aware appointment times are tentative and I will be on call / available all day.

\_\_\_\_ I am aware as patient parent /guardian I am not allowed in the operatory at time of surgery.

\_\_\_\_ I have been fully informed as parent /guardian I must be present in the dental office or in my vehicle at all times during the appointment.

\_\_\_\_ I will keep a close eye on my child/ the patient prior to the appointment and for the remainder of the day.

**The Anesthesiologist reserves the right to cancel the scheduled surgical appointment for any reason that may jeopardize the safety of the anesthetic procedure.**

I, \_\_\_\_\_, have read and understand the given instructions.

\_\_\_\_\_  
Signature of Patient/Parent or Legal Guardian

\_\_\_\_\_  
Date