Pediatric Anesthesia Overview

ANESTHETIC OVERVIEW

Pre-operative

- ✓ Complete the medical history and consent form prior to your appointment. This allows our doctors to review the medical history before your appointment and further investigate your child's health history if necessary.
- ✓ Follow pre-op guidelines regarding food and drink. An empty stomach minimizes the chances of food particles being aspirated into the lungs, which results in a life threatening pulmonary infection.
- ✓ Recent cough or fever. Please call the office and consider rescheduling your appointment.

Induction of Anesthesia

Induction of general anesthesia is the start of anesthesia. There are several methods of starting general anesthesia. The type of induction depends on several patient factors: medical history, level of cooperation, and surgical complexity. Your anesthesiologist will suggest the most appropriate method of induction. The parent(s) will be asked to go to the lobby immediately after the induction period.

1. ***Awake intravenous catheter placement and intravenous induction***: This method is most appropriate for moderately cooperative patients who can sit still and not thrash around. Your anesthesiologist may also suggest this method if there is concern with the patient's airway; an IV catheter allows for immediate administration of reversal agents and emergency medications.
2. ***Mask Induction with inhalational anesthesia***: Anesthesia gas will be delivered to the patient through an anesthesia mask for approximately 1 minute. Parent's will be asked to hold their child's hands just in case he/she gets nervous and tries to pull the mask off. Changes in breathing pattern and snoring will be observed. Unintentional movements of the body may also be observed. An IV line will be placed when your child is asleep to deliver IV fluids and medications.
3. ***Intramuscular induction with sedative medications***: We will ask you to hold your child securely in your lap and hold their hands while the doctor injects the anesthetics into his/her upper arm or thigh. This is done very quickly to minimize anxiety and fear. Your cooperation is critical to allow for a smooth and safe induction. The sedative will be effective in 5 minutes. The doctor will carry your child to the operatory to deliver oxygen, place vital signs monitors, and an IV line.

Your anesthesiologist and dentist will stay with your child the entire time to ensure their comfort and safety. Vital signs monitored during this period includes oxygen levels, heart rate and rhythm, blood pressure, and ventilation.

Recovery

The typical recovery period is 30 to 60 minutes. We will ask you to stay with your child during this period so that when your child wakes up a familiar face is present. Pink markings will be present on your child's body from tape used to protect his/her eyes, stabilize the head, secure the breathing tube, heart monitors, and IV line. These pink markings are temporary. Bruising may also be observed from the IV placement. Orofacial swelling may also be present secondary to the dental procedure.

Confusion, weakness, tiredness, and grumpiness are all normal behaviors displayed after waking up from anesthesia. Blurry vision, dizziness, and mouth numbness may also be experienced. These side effects will resolve with time. Once you get home it is normal for your child to nap for 2-3 hours. Do not let your child nap alone. Cancel all activities for the day; keep him/her cool and indoors for the rest of the day.

Initiate clear liquids at home. Progress to popsicles, applesauce, and Jell-o an hour later. Advance your child's diet to soft light foods such as soup, crackers, and pasta for the remainder the day. Dairy products should be avoided for the first 2 hours due to its difficulty to digest. Nausea and vomiting may occur during the car ride home or the first few hours after arriving home. It should subside after the first few hours. Call your anesthesiologist if vomiting is persistent.

Take pain medications as directed by your dentist and anesthesiologist.

Arizona Dental Anesthesia, LLC • 14100 83rd Avenue, Suite #280 • Peoria, Arizona 85381
Main (800) 997-1220 • Local (602) 529-3348 • Fax (602) 930-4965 • 2016AZDA@gmail.com

CHILD | PATIENT REGISTRATION

PATIENT INFORMATION:

Today's Date: _____

Name: _____ Date of Birth: _____ Age: _____

Nickname: _____ Sex: _____ Height: _____ Weight: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

RESPONSIBLE PARTY:

Name of Person/Relationship: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

MEDICAL HISTORY:

Has your child ever had any of the following medical problems?

- ☐ Y ☐ N Allergy to Latex
- ☐ Y ☐ N Allergies to Medications (Please list below)
- ☐ Y ☐ N Asthma/Lung Problems
- ☐ Y ☐ N Heart Murmurs/Defects
- ☐ Y ☐ N Heart Surgery
- ☐ Y ☐ N Other Surgery _____
- ☐ Y ☐ N Seizure Disorder (Epilepsy)
- ☐ Y ☐ N Autism
- ☐ Y ☐ N Diabetes
- ☐ Y ☐ N Down Syndrome
- ☐ Y ☐ N Other Syndromes _____
- ☐ Y ☐ N Possibly PREGNANT (Women >10 years old)
- ☐ Y ☐ N Cerebral Palsy
- ☐ Y ☐ N Handicaps/Disabilities
- ☐ Y ☐ N Hemophilia
- ☐ Y ☐ N Tuberculosis
- ☐ Y ☐ N Mastocytosis
- ☐ Y ☐ N Tracheal Malacia
- ☐ Y ☐ N Cancer
- ☐ Y ☐ N Muscular Dystrophy
- ☐ Y ☐ N Sickle Cell Anemia
- ☐ Y ☐ N Malignant Hyperthermia (Patient or Familial History)

Please discuss any medical problems that the patient has/had: _____

_____

Is this patient currently under the care of a physician? ☐ Yes ☐ No Date of Last Visit: _____

Pediatrician: _____ Phone Number: _____

Is this patient followed by a SPECIALIST? ☐ Yes ☐ No *Please indicate ALL that apply*: ☐ Cardiologist ☐ Endocrinologist

☐ Geneticist ☐ Hematologist ☐ Neurologist ☐ Oncologist ☐ Pulmonologist ☐ Other _____

Please list ALL current medications: _____

Please list ALL allergies (medicine, food, latex, etc.): _____

The information on this questionnaire is accurate to the best of my knowledge. I understand that the information will be held in the **strictest** of confidence and it is my responsibility to inform the doctors of Arizona Dental Anesthesia of any changes in the medical status of my child at the earliest possible time.

Signature of Parent or Legal Guardian: _____ Date: _____

Reviewed by: _____ Date: _____

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Pediatric (13 years and Under) Financial Agreement for Anesthesia Services

FINANCIAL AGREEMENT | PEDIATRIC

Please be aware that anesthesia and dental services are provided by two independent entities with separate fees. Arizona Dental Anesthesia is contracted with certain AHCCCS plans. The fees for patients not covered by the contracted plans are listed below. Fees are based on time estimates provided by the dentist which takes into account the surgical and anesthetic complexity of the case.

Anesthesia fees

- For any service lasting up to 1 hour $550
- Each additional 15 minutes $100

Payment

Full payment can be made with cash or major credit/debit card on the day of surgery. Checks will NOT be accepted. Extensive attempts will be made to collect unpaid balances. Failure by the patient to pay outstanding claims will be submitted to a collections attorney for processing.

Insurance Reimbursement

If Arizona Dental Anesthesia is not contracted with your medical or dental insurance company, reimbursement for anesthetic services will be provided **directly to you**. Upon completion of anesthesia, the anesthesiologist will provide you with an itemized receipt for submittal for reimbursement. It is **your responsibility** to submit this to your insurance company. Please note that insurance company reimbursement allowances, if any, may not cover the entire cost for these anesthesia services. Should this be an important factor, please take a few minutes prior to scheduling this appointment to contact both your dental and medical insurance carriers to inquire about your particular coverage.

Notice for patients covered by TRICARE (Metlife Dental):

Arizona Dental Anesthesia is a not a contracted provider for TRICARE (Metlife Dental). This waiver allows a non-network (non-contracted) provider to collect billed charges for services denied as "non-covered" from a TRICARE beneficiary when the beneficiary has agreed, in advance, in writing, to waive his or her balance-billing protection.

I acknowledge that I am signing this statement voluntarily, and that it is not being signed under duress or after services have already been provided. I understand that by signing this form, I will be fully responsible for the total billed charge(s) for any services denied as a non-covered and listed above and will pay the provider this amount, regardless of any payment or non-payment made by TRICARE. I also understand that it is my choice to have these services at a future date and time by this provider who is not a participant in the TRICARE program.

I have read, understand and agree with the above **estimate** of fees.

Print Patient's Name: _____ Phone: _____

Print Parent/Guardian's Name: _____ Date: _____

Email Address for receipt: _____

Signature: _____

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Patient Name:_____

CONSENT FOR ANESTHESIA

Patient safety is of our utmost concern. Serious complications are *rare* and not to be expected. The anesthesiologist will be present with the patient for the entirety of the procedure. Advanced anesthesia equipment required by the state of Arizona will be present and patient's vital signs will be monitored throughout the procedure. However, there are certain risks that are inherent to the administration of anesthesia. These include but are not limited to: bruising or tenderness at the IV or IM (shot) site, soreness of the mouth, lips, nose or throat, temporary dizziness, blurred vision, weakness and impaired judgment, post-operative drowsiness, nausea and/or vomiting. For these reasons, the patient is advised to avoid driving or making major decisions for 24 hours following anesthesia. Children undergoing anesthesia should have direct parental supervision 24 hours following anesthesia. Extremely rare complications of general anesthesia such as anaphylaxis, malignant hyperthermia, cardiac dysrhythmias or arrest, and vomiting with aspiration would require emergency transport and hospitalization.

As in the case with normal operating room procedures, family members **will NOT be allowed to be present during the procedure** but will be invited to accompany the patient during both the induction and recovery from anesthesia.

I, _____, have had the risks and potential complications as well as the anesthetic plan explained to me. I understand that I am responsible for the costs of treating any potential complications that require additional medical treatment. I have had all of my questions answered to my satisfaction and agree to proceed with the anesthetic. I hereby authorize an anesthesiologist from Arizona Dental Anesthesia, LLC to provide anesthesia services and any other procedure deemed necessary or advisable as a corollary to the planned anesthetic procedure. I understand the anesthesiologist assumes no liability from the dental treatment performed, and that the dentist assumes no liability from the anesthesia performed.

FEMALES: I understand that anesthesia may be harmful to the unborn child and may cause birth defects or spontaneous abortions. I accept full responsibility for informing the anesthesiologist of the possibility of being pregnant, a confirmed pregnancy, and/or being a nursing mother.

The patient will have nothing to eat or drink (nothing by mouth) after 12 AM the night before the appointment (unless otherwise specified). Even small amounts of food given before anesthesia may result in serious life threatening complications requiring emergency services and hospitalization.

These restrictions are for the safety of the patient. I acknowledge the pre-operative fasting regulations and will ensure that they are followed.

Patient/Responsible Party (PRINT)	Signature	Date

HIPAA Privacy Statement

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information.

I understand that this information can and will be used to: **1)** Conduct, plan, and direct treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly. **2)** Obtain payment from third-party payers.

Patient/Responsible Party (PRINT)	Signature	Date

PREPARATION FOR SURGERY

The Night Before Surgery

- ✓ REMOVE NAIL POLISH.
- ✓ Have a regular meal with fluids (water) at a *reasonable* time (Before 10:00 PM – *** unless advised otherwise by the Anesthesiologist).
- ✓ NO SNACKING AFTER DINNER.
- ✓ GET A GOOD NIGHT'S SLEEP.
- ✓ MEDICATIONS should be taken/postponed as directed by the Anesthesiologist.

The Day Of Surgery

- ✓ DO NOT EAT OR DRINK ANYTHING.
- ✓ BRING A BLANKET
- ✓ BRING an EXTRA set of clothes
- ✓ Dress Appropriately:

YES	NO
Loose Fitting Clothes	Long-Sleeved Shirt
T-Shirt	Jeans
Short-Sleeved Shirt	Sweaters
Shorts	Leggings covering the feet
2-Piece Pajamas	Footsies
Socks	Onesies

- ✓ HAIR
  - Long hair to be tied back *low* on the head.
  - NO Braids.

- ✓ NO Jewelry (Earrings, finger rings, necklaces, bracelets, watches)
- ✓ NO Valuables

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

QUESTIONS OR NOT SURE OF SOMETHING? CALL THE OFFICE: _____

YOUR APPOINTMENT DATE: _____

YOUR APPOINTMENT TIME: _____

I UNDERSTAND THESE INSTRUCTIONS: _____

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PATIENT NAME: _____ **Date:** _____

POST OPERATIVE INSTRUCTIONS

DIET
First Hour (1) – Patient may slowly begin with CLEAR liquids (water, Gatorade, apple juice, etc).
Second Hour (2) – Patient may proceed to soft foods.
Third Hour (3) – If patient is doing well with liquids and softs, may slowly progress to regular diet.
Avoid meat, dairy, and greasy foods. In addition, the dentist may prescribe certain dietary restrictions.

PAIN & DISCOMFORT
It is not uncommon for the patient to experience pain after his/her dental procedure. The anesthesiologist may have administered IV pain medications, and the dentist may have administered local anesthesia (numbing) to help the patient deal with potential pain. These medications typically wear off after a couple of hours. The following medications may be recommended for post-operative pain control. **If the patient is experiencing persistent pain after taking recommended medications, please contact the DENTIST.**

☐ Tylenol/Acetaminophen (dose per package instructions)
☐ Immediately

- OR -

☐ Ibuprofen/Advil/Motrin (dose per package instructions)
☐ Immediately ☐ Begin at _____am/pm

NAUSEA & VOMITING
Occasionally nausea and vomiting may occur following anesthesia. Anti-nausea medication was administered through the patient IV during the procedure. If the patient experiences nausea or vomiting after discharge, restrict diet to clear liquids (see above), until symptoms subside. **If patient is experiencing persistent nausea or vomiting, please contact the ANESTHESIOLOGIST.**

EXPECTED ACTIVITY
Patient may be tired and sleepy for the next several hours, and may take several naps. The patient should NOT drive, bike, swim, sign contracts, or engage in any other activity that requires full physical and mental coordination for the rest of the day. Patient may resume normal activities on the day following his/her surgery.

FEVER
Patient may experience a low-grade fever following anesthesia. Patient should stay indoors, and remain in a cool temperature controlled area.

MEDICATIONS
Please resume medications as prescribed unless otherwise indicated by the Anesthesiologist or Dentist.

ADDITIONAL INSTRUCTIONS: _____

I have reviewed these discharge instructions with my anesthesiologist and/or their assistant and have had all of my questions answered to satisfaction. I will receive a copy of these instructions and provide a contact number where I may be reached for the next 24 hours.

Discharged to: _____ Relationship: _____

Signature: _____ Phone: _____

Anesthesiologist: _____ Phone: (800) 997-1220
Direct Line

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