



POST-OP INSTRUCTIONS FOR MINIMAL AND MODERATE CONSCIOUS SEDATION
It is important for your child's safety that you follow these instructions carefully.

Child's Name _____

AFTER YOUR APPOINTMENT

A responsible adult who can be alert and attentive to the child's needs must be present the rest of the day.

ACTIVITIES

DO NOT plan or permit activities for your child after treatment (including school, daycare, and sporting events or practice). No bicycle, trampoline, swimming pool, operating sharp kitchen utensils, or anything that requires coordination. Allow your child to rest. Closely supervise any activity for the remainder of the day. Your child may sleep for 2-4 hours following the dental appointment. Always place the child on his/her side while sleeping in case of nausea.

GETTING HOME

Your child must be accompanied by a responsible adult who can drive the patient home. The child should be closely watched for signs of breathing difficulty and carefully secured in a car seat or seat belt during transportation. **DO NOT** use public transportation, such as bus or **TAPS**.

DRINKING / EATING

After treatment, the first drink should be plain water. Sweet drinks can be given next (clear fruit juice or Gatorade). Small drinks taken repeatedly are preferable to taking large amounts of liquid at one time. Soft food, not too hot, may be taken when desired. Preferably start with small amounts of bland foods (crackers, Nilla wafers, broth) to make sure the stomach is settled. No fried foods or milk products for 2 hours after appointment.

TEMPERATURE

The child's temperature may be elevated to 101⁰F / 38⁰C for the first 24 hours after treatment. Tylenol every 3 to 4 hours and fluids will help to alleviate this condition. Temperature above 101⁰ F / 38⁰C is cause to notify our office.

DISCOMFORT

You may give your child a non-aspirin pain reliever like Children's Tylenol now, and alternate with Motrin every four hours.

SEEK ADVICE

1. If vomiting persists beyond four (4) hours.
2. If the temperature remains elevated beyond 24 hours or goes above 101⁰F / 38⁰C.
3. If there is any difficulty breathing.
4. If any other matter causes you concern.

Please keep this form for 24 hours, and pay attention to the following dosages and times concerning your child's treatment. In the case of an adverse event (such as a car accident) that it necessitated further medical evaluation, the examining physician would need to know which medicine your child had and the time and amount given:

Weight _____ Age _____ Sleepy until _____ Numb until _____

MEDICATION GIVEN TO YOUR CHILD TODAY:

Demerol (Meperidine HCl) _____mg Versed (Midazolam HCl) _____mg

Phenergan (Promethazine HCl) _____mg Valium (Diazepam HCl) _____mg

Medication given at _____ a.m. / p.m.

2% Lidocaine HCL 1: 100,000 epinephrine (1.7 ml) _____ carpules

IF YOU HAVE ANY QUESTIONS OR PROBLEMS RELATING TO YOUR CHILD'S TREATMENT DURING OR AFTER OFFICE HOURS, PLEASE CALL:

Phone: (903) 892-1200

Toll Free: (800) 362-9078

Fax: (903) 813-1581

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