

SAFE SEDATIONS LLC PEDIATRIC INFORMATION SHEET x

Viola Devany, M.D. SafeSedations@aol.com

Dr. Devany's Cell: (937) 974-4686
Amy(office): (513)- 309-0853

Visit our webpag Login: Safe **Password:**
Sedations

Your dentist has recommended dental treatment for your child to be performed during IV sedation/general anesthesia with Dr. Devany. Dr. Devany is a **Physician Anesthesiologist**, Board Certified in both pediatrics and anesthesiology. She has 30 years experience in Pediatric Anesthesiology, and 18 years experience in Office Based Anesthesia. She will provide anesthesia services for your child while the dentist performs the dental procedures. This service is done at your dentist's office. In order to better care for your child and to maximize safety, Dr. Devany has arranged a protocol to follow:

1. You have received an information sheet, consent, Pre-op Questionnaire, Post-Op Instructions, HIPAA Form, Parent Checklist, Fee Schedule, and a Compliance Form. **Read and sign the Compliance Form** at the time of scheduling. Read it **very** carefully. **Read the Consent** but do not sign them until you have spoken to Dr. Devany or her assistant, and had all your questions answered. Visit the website for videos and answers to many questions. **Turn paper work in one week before sedation to avoid additional fees.**
2. Dr. Devany or her assistant will call you one to two days before the scheduled time to discuss all the information you have provided, and to review the plan, risks, and options with you. She will be glad to answer any questions you have.
3. Some patients will be required to have their physician complete a routine history and physical form. If your child has a history of asthma, reactive airway disease, recurrent pneumonia, croup, or if your child is recovering from or has an active cold, please contact Dr. Devany three to four days before the appointment. Also, please contact her early if your child has a strong history of snoring or large tonsils. If you anticipate that it will be difficult to contact you by phone, please contact Dr. Devany yourself. **No anesthetic services will be provided without a phone interview first.**
4. **Your child will not be able to have any food after midnight the night before the procedure.** He or she can have clear liquids (water, Kool-Aid, Gatorade, apple juice, regular Jell-O, or regular popsicles) up to three hours before the appointment time. **DO NOT GIVE MILK, ORANGE JUICE, GUM, CANDY, BROTH, ETC. This is very important: see the Compliance Form.** The only exceptions to the NPO rules are given in writing via email. Any verbal instructions you think you have received that differ from the written instructions here, or in an email, are trumped by all written instructions. Parents should eat their own breakfast away from your child. You cannot leave the building premises after the procedure starts while your child is anesthetized. No videos or photos of the sedation process, please. . Have some clear liquids at home for the first "meal". Ginger Ale has anti-nausea qualities.
5. Have your child wear comfortable, loose clothes, and bring an extra set for your child in the event that there is an "accident." A few patients have wet themselves, **NO DRESSES** please.
6. **Bring another adult so that one of you can sit beside your child on the ride home.** This is required and you must have specific permission from Dr. Devany to come without the additional adult. Please see the Compliance Contract.
7. Plan to arrive at the office 20-30 minutes before the appointment. We strive to keep appointments on time, but just as with any surgery, the appointment time should be considered a guideline. It is not uncommon for one patients appointment to be longer than anticipated and this may cause a delay in start times for subsequent patients. It is best to **EXPECT DELAYS.**
8. All special needs patients over 18 must have legal guardianship papers from the court system, and court custody papers for divorced or legal guardianship papers.

SAFE SEDATIONS LLC

VIOLA DEVANY MD

PATIENT/PARENT COMPLIANCE CONTRACT^x

TAKE YOUR TIME AND READ THIS CAREFULLY BEFORE SIGNING

1. **NPO** (not eating and drinking) instructions are very important for the safety of the patient and must be followed **exactly** as written. They will be reviewed for you the night before the procedure in a phone call from Dr. Devany or her assistant. No food after midnight except **clear** liquids 3 hours before appointment time. **No milk, orange juice, gum, candy, mints, broth, etc.**

2. **A second adult is necessary** for the ride home for the safety and care of the patient. For pediatric patients, or special need adults, two adults are required. The second adult can be a teenager.

Alternately, a second adult could arrive at the end of the procedure to drive the patient and the parent home in the same car. Or a taxi can be arranged to take the patient and the parent home.

For adult patients, one adult driver is to be available at the office to drive the patient home.

3. **Pre-op Medications (Prednisone, Prelone, Orapred)**: All doses must be taken as prescribed.

4. **NO cancellations less than 2 business days**, except for documented illness. Always call Dr. Devany before cancelling for illness.

5. **Aborted sedations and procedures**: If the procedure/sedation is started but has to be aborted before some or any of the dental work is completed there is a minimum charge of the deposit \$450.00

These instructions are very important. Your signature indicates that you have read these instructions and understand that if there is a breach in the NPO instructions, a second adult is not arranged for (e.g.: you arrive without a second adult or plans for a taxi), or the Pre-Op medications are not given, the procedure will be cancelled and the deposit of \$400 is non-refundable.

Exceptions to this rule:

Some late afternoon appointments might be given additional options. This is *only* if Dr. Devany or her assistant have *specifically* given you these instructions for you or your child **in an email** and you have emailed acknowledgement. If you think you have been given any instructions that are different from these written instructions, **the written instructions will trump all verbal communications.** The written instructions are to be followed.

Rare exceptions to the second driver rule will be granted only through consultation with Dr. Devany, and could involve additional charges for keeping the patient for a longer recovery time.

FOLLOW THESE INSTRUCTIONS, AND READ BEFORE YOU SIGN.

I acknowledge the NPO, Second Driver, and Medication Instructions.

PATIENT/PARENT SIGNATURE: _____

Date: _____

Safe Sedations LLC
Viola Devany, MD,
Fee Schedule and Explanation *

- * Deposit of \$450 *to schedule*. It is **non-refundable** for cancellations of less than 3 business days, no-shows, not having two adults or making arrangements for another driver, NPO violations (not following the eating and drinking rules), or not giving or taking prescribed medications. Exceptions include illness with M.D. excuse, severe weather, and family death. Final decision will be per Dr. Devany.
- * First hour \$985
- * Minimal charge is \$985
- * Every additional 15 minutes, or part of a 15 min increment is \$105. Until 2 hours then add \$150
- * **The total fee balance is due at the completion of the dental procedure.**
- * Dr. Devany will provide Insurance Forms for you to file with your insurance company.
- * Some procedures like one tooth extractions might have a lower fee.
- * Consultation fee for more complex care can be up to \$100.
- * Behavioral Management fee for unusual behavioral situations can be up to \$100.
- * Failure to return Pre-Op Questionnaire 5 days before surgery will be an additional \$50.

Summary

Down Payment	\$450,
First Hour/Minimum	\$985
Additional 15-minute increments	\$105 per any part of a 15 minute increment, @2 hours add \$150

Rates

Deposit	\$450 paid to have an appointment
One Hour	\$985
One Hour and 15 minutes	\$1090
One Hour and 30 minutes	\$1195
One Hour and 45 minutes	\$1300
Two Hours	\$1450
Two hours and 15 minutes	\$1600
Two hours and 30 minutes	\$1750 for each 15 min more add \$150

Increased Weight Fees

Over 75 pounds	\$50
Over 100 pounds	\$75
Over 125 pounds	\$100

Additional Fees

Complex Patients	Add up to \$100
Adult cases	Could have additional charges

Revised 02/20

Remember to watch the videos; go to www.safesedations.com video tab, login 'Safe' pw: 'Sedations'

Safe Sedations LLC

Viola Devany MD

HIPAA Privacy Promise

Dr. Viola Devany M.D., and everyone with Safe Sedations LLC share your concerns about privacy. We take them seriously and are committed to protecting your non-public, personal information.

You or your child will be receiving care in a dental office where privacy will be maintained to the best of our ability, while still providing safety for the patients during sedation and recovery.

How we may use your or your child's information:

- For discussion/communication with dentists, doctors, nurses and other health care providers who care for you while you or your child are with us, or provided past, current or future care.
- For communication with insurance companies or insurance support organizations.
- For communication with the dentists/physician's offices and personnel, or communication with physician who participate in the patient's Peri-Operative care (e.g. medical clearance from treating physicians).
- Government agencies or charitable organizations that might be providing financial support.
- In emergency situations to avert serious health/safety situations or in the event transportation is needed.
- To contact you about appointment reminders, Pre-Operative telephone conferences, treatment plans, and other health related benefits and services, and Post-Operative follow-up by Dr. Devany, her associates, or representatives.
- When law, including judicial settings and health oversight regulatory agencies, requires release.
- If you do not object, with any friends or relatives that accompany you.

Any data collected for research purposes or collective data reasons like tracking trends in this practice or shared with national professional organizations will be shared without identifying individuals or sharing individuals' identities.

Every effort is made to insure privacy in the office on the day of service, however it is an office setting, and the proximity of a recovery patient with a sedation patient is very close by design to promote the safest environment for both patients. This safety measure *could* allow one family to hear some information concerning the other. This is unlikely to happen, and usually the identity is not revealed, but if this is a concern, the office setting might not be the right place for your procedure.

Note that email communication is *not* **HIPAA** compliant unless both computers are encrypted. If you send email or text information to us, and want to maximize your privacy, please do not include full names.

Your rights concerning your information: You have the right to request or inspect much of the personal health information that we retain on your behalf. All requests must be made in writing and signed by you or your representative. You have the right to request that personal health information be corrected. We are not obligated to make requested amendments but we will give each request careful consideration. If you have questions or need further assistance concerning this notice, you may contact Dr. Devany at safesedations@aol.com. *Statement*



Safe Sedations, LLC
Viola Devany, M.D.
Pediatric Pre-Op Health Questionnaire (X)

Patient's name: _____ Nickname _____ Male: ___ Female: ___
 Dentist or Dental Office _____ DOS _____
 Patient's age: _____ Patient's DOB: _____ Patient's weight: _____ Adopted ___

- | | Yes | No |
|--|--------------------------|--------------------------|
| Is there a history of: | | |
| 1. Pre-term _____
If yes, how many weeks: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Lung disease or are prone to – asthma, croup, recurrent bronchitis, wheezing, recurrent pneumonia, ANY HISTORY EVER? _____
When was the last episode? _____ Medications _____

Hospitalizations, ER visits: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Sinus infections , nose bleeds _____
How often do they occur and when was the last one? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Heart disease, heart murmur _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Seizures _____
Medications: _____
How often are seizures and what type? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Musculoskeletal disease /pectus excavatum/scoliosis, hypotonia etc. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Anemia _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Large tonsils or mouth breather , sleep apnea _____
Snoring ANY HISTORY EVER, EVEN IF ONLY WITH COLDS _____
Does it sound like your child sometimes stops breathing or pauses? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Gastrointestinal problems – reflux, hepatitis, HIV _____
Please list: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. CURRENT MEDICATIONS: _____
Supplements: _____ | | |
| 11. ALLERGIES including allergy to latex, food, ECZEMA _____
List allergies: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Previous surgery or anesthesia: _____
Please list any problems: _____
Previous dental sedation or failed sedations _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Family history of anesthesia problems, difficult IV access , malignant hyperthermia? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Family history of muscular dystrophy or other muscular diseases, skeletal abnormalities like pectus excavatum _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Any other medical problems _____
Teenage girls and menstruation history _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Smokers in patient's life _____
Ever smoke in the home/car _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Neurological development or Psycho-social issues Autism Spectrum, ADHD, MRDD, CP, OCD, ODD, anxiety, depression? Describe: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Reason for sedation (anxiety, bad experience, etc.) _____
Describe your child's temperament (e.g. calm, dramatic) _____
Describe your child's typical or worst dental visit _____ | | |
| 19. ANY & ALL phone numbers for pre- and post-op contact by Dr. Devany _____ | | |
| 20. Is a parent a medical professional (RN, MD, EMT)? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Are parents divorced, separated, single, remarried, etc.? _____ we need a copy of any court decess like custody, including guardianship of special needs adults over 17. (requiemrentt for informed consent) | | |

Office notes only below this line _____
 Date: _____ Parent: _____ NPO: _____ Clear liquids: _____ Rx# _____
 Prelone: _____ Other instructions: _____ PROQ#: _____
 2 Adults: _____ Interviewer: _____

SAFE SEDTIONS LLC
VIOLA DEVANY MD
CONSENT FOR DENTAL TREATMENT WITH IN-OFFICE
IV SEDATION/GENERAL ANESTHESIA x

I have been informed of, and fully understand, the dental procedure(s) necessary to treat my child, or myself. Though I have been given an estimate, I understand that the treatment time and cost may vary once the treatment begins (treatment variations will be discussed with the parent/legal guardian as quickly as possible without interfering with the treatment). Full Payment is due on the day of service.

I consent to the administration of sedatives/general anesthesia for myself/my child _____ by Dr. Viola Devany or her associate in conjunction with the dental procedure(s) scheduled with the Dentist _____. I acknowledge that it has explained to me that the sedatives/general anesthetics will be given to reduce fear, anxiety and/or pain associated with the procedure, and to limit activity so dental treatment can be completed safely.

The alternatives to the use of in-office sedation/general anesthesia, as well as advantages and disadvantages of each alternative (no sedation, papoose board, oral sedation, N2O, general anesthesia at the hospital, possibly Oral Surgeon) have been explained to my satisfaction.

I fully understand that there is a possibility of surgical and/or medical complications developing during or after the procedure and that these may include, but are not limited to, adverse reaction to the sedative/general anesthesia agents, nausea, vomiting, or atypical physiological response that may require hospitalization, further surgical procedures, disability, cardiac or respiratory arrest, aspiration, temporary or permanent nerve damage, damage to the airway, brain damage, life threatening conditions or death, and harm to an undisclosed pregnancy. **I understand that there is a second consent for children under age 5 that relates to anesthesia and brain development.**

I acknowledge that the plan, risks, options and benefits have been discussed and all questions I have asked concerning the anesthetic have been answered to my satisfaction.

I am giving my full and informed consent to treatment to be rendered as described to me, including any treatment based on new findings during the procedure. Very loose primary teeth will be removed to prevent aspiration.

Concerning minors and legal guardianship: My signature is acknowledgement that I am the legal guardian (as acknowledged through the court system) of the minor child and/or for any adult that is in my care and is not capable of understanding informed consent.

I have been given the HIPAA policy and have had a chance to read it.

I verify that nothing has been taken by mouth by my child (or myself as the patient) since

Please list all food/liquids taken after midnight: day & time for food _____
liquid. _____; # Doses of prednisone _____

Patient's name: _____

Signature of parent/legal guardian _____

Relationship to patient _____ Date _____

Viola Devany, M.D.

Safe Sedations, LLC

safesedations@aol.com

www.safesedations.com

IMPORTANT STATEMENT REGARDING SEDATION IN BABIES AND YOUNG CHILDREN: Consent x

For many years, scientists have been studying the effects of anesthesia and sedation on the brains of babies and young children. They have been trying to answer the question of whether anesthesia and sedation have adverse effects on the developing brain. To date, there has been no definitive answer. However, some studies on animals and large retrospective studies suggest that exposure to anesthesia or sedation in babies or young children may result in adverse effects on behavior, learning, and memory.

In 2009, a scientific task force including the FDA, anesthesia scientists, and other interested parties was formed to investigate this issue. Recently, that task force issued a statement recommending consideration of postponement of “elective” surgery until a child reaches the age of three years. “Elective surgery” has not been defined by that group and the issue of whether a surgery is elective varies from child to child. Further, it’s not clear as to whether a three-year old or other preschoolers may also be at risk for long term effects of sedation. Therefore, in every procedure on a young child, we must weigh the risks and benefits of the procedure/surgery and sedation as well as the risks and benefits of waiting or postponing the procedure/surgery.

Your child’s dental needs are a serious health issue for your child. Your dentist can answer any questions you may have as to the necessity and timing of the procedure as well as the risks of postponing the procedure so that you may make the decision whether to proceed.

If you would like more information regarding the task force’s statement on this issue, and updates on the research and consensus statements please refer to www.smarttots.org.

If you choose to proceed with sedation or anesthesia for the procedure, all efforts will be undertaken to use the lowest dose of sedation or anesthetic drugs. Additionally, we will minimize the period of the time during which the drugs are used.

_____, parent or guardian of _____

verifies that he/she has read this statement and understands it. My questions have been answered and I/we agree to proceed.

DATE _____

SIGNATURE _____

SAFE SEDATIONS LLC

CHECK LIST_x

FOR DAY OF SURGERY

Viola Devany, M.D. SafeSedations@aol.com

Dr. Devany's Cell: (937) 974-4686

Visit our webpage: www.SafeSedations.com

Amy (office): 513-309-0853

Login: Safe

Password: Sedations

1. **PLEASE FOLLOW NPO (NOTHING BY MOUTH) INSTRUCTIONS, OR RISK RE-SCHEDULING AND LOSING YOUR \$400 DEPOSIT.** ALL WRITTEN INSTRUCTIONS TRUMP ANY VERBAL INSTRUCTIONS. NO MILK, ORANGE JUICE, FOOD, GUM, BROTH ETC ALLOWED AFTER MIDNIGHT. CLEAR LIQUIDS LIKE WATER, APPLE JUICE, GATORADE, OR KOOL-AID ARE ALLOWED *UP TO 3 HOURS BEFORE* THE SCHEDULED APPOINTMENT (includes plain Jell-O, and plain popsicles). **For afternoon appointments:** only emailed or written personalized instructions that would differ from these above instructions are acceptable, and *must* be acknowledged with a return email. They must be followed as written to not risk the loss of the deposit.
2. HAVE CLEAR LIQUIDS AND SOFT FOOD AT HOME FOR POST-OP: GINGER ALE IS A GREAT ANTI-NAUSEA CHOICE. Other suggestions are Gatorade, Kool-Aid, Jell-O, and popsicles.
3. DO NOT MAKE ANY PROMISES FOR POST-OP FOODS (Like stopping at McDonald's)
4. **HAVE A SECOND ADULT TO SIT BESIDE CHILD ON THE WAY HOME. THIS IS REQUIRED. IF YOU ARE UNABLE TO HAVE A SECOND ADULT, YOU MUST NOTIFY DR. DEVANY OR RISK RESCHEDULING AND LOSING YOUR \$400 DEPOSIT.**
5. Give **all** doses of Prednisone (Prelone or Orapred) if prescribed by Dr. Devany.
6. DRESS CHILD IN CASUAL CLOTHES, WITH A LOOSE FITTING SHIRT THAT CAN BE LIFTED FOR EKG PLACEMENT AND MONITORING OF BREATHING. PLEASE DO NOT USE A ONESIE or a dress.. Avoid white shirts and dress-up clothes, and keep in mind they will be having dental surgery. BRING A CHANGE OF CLOTHES FOR THE CHILD (occasional wetting while awakening).
6. BRING A COMFORT ARTICLE FOR THE CHILD (favorite blanket or stuffed animal).
7. BRING A BOOK ETC FOR PARENT(S) TO HAVE DURING THE PROCEDURE, AND A SNACK FOR THE PARENT(S) IF YOU HAVE NOT YET EATEN BREAKFAST.
8. **BRING THE RIGHT ATTITUDE.** YOUR CHILD WILL SENSE FROM YOU HOW TO RESPOND. LEAVE HIGH ANXIETY AT HOME. HAVE A MATTER-OF-FACT ATTITUDE LIKE, "***THIS IS NOT A BIG DEAL***". *Parents, you are an important part of the formula for success.*
9. No videos or photos during the interaction with Dr. Devany or during the induction/start of the sedation.
10. Please, no tattoos on the hands, as it makes it difficult to find an IV (intravenous site).
11. Grandparents are welcome, and very appreciated for being the second adult. Please read the statement for grandparents.
12. WE STRIVE TO KEEP ALL APPOINTMENTS ON TIME, BUT PLEASE UNDERSTAND THAT SOMETIMES DELAYS CANNOT BE AVOIDED. **EXPECT DELAYS!!**

SAFE SEDATIONS LLC
Viola Devany, MD
POLICY FOR GRANDPARENTS x

We love grandparents and we understand how much you love your grandchild. Your devotion is apparent by the fact that you're here today. Dr Devany provides safe, compassionate anesthesia care in the office setting. She has taken every precaution for your grandchild's safety.

Dr Devany needs to place an intravenous line at the beginning of the case. We do need to start with a shot (the pandemic has forced a change on our approach) but Dr Devany still wants to gain your grandchild's trust.

For the best possible chance for a good day for your grandchild Dr. Devany needs to develop a rapport of trust with your grandchild.

This is how you can help promote that, and reduce the chance of bad memories.

- *Come with the attitude that this isn't a big deal; that "all is well."*
- *If you are with your grandchild when Dr Devany meets them or starts her talk with them, don't pull your grandchild onto your lap and/or hold them tight*
- *Allow Dr Devany to talk with your grandchild without interrupting, interpreting what she says, or answering for your grandchild.*
- *When it is time to separate from your grandchild please become essentially invisible - don't ask for a kiss; give a kiss or stop for hugs, or "I love you". All of these affectionate gestures interrupt the flow of "energy" for moving in the direction of the dental chair and often end up with tears or clingy behavior and enhances distrust.*

*Thank you for helping us deliver the most kind compassionate care possible.
Thank you trusting us.*

Viola Devany MD

SAFE SEDATIONS LLC
Viola Devany MD

PEDIATRIC POST OPERATIVE INSTRUCTIONS x

Dr. Devany's Cell: (937) 974-4686

Visit our webpage: www.SafeSedations.com

AMY (office): (513) 309-0853

Login: Safe

Password: Sedations

1. Your child will wake up at the end of the dental procedures. He/she will still be drowsy and drunk-like. Most children wake up smoothly, however, it is normal for some children to be fussy. be able Soon, you and your child will be re-united and be able to go home. You will be discharged when your child can talk and stand up with help.
2. On the way home, an adult should sit beside your child in the back seat. Your child should be restrained in an age appropriate car seat, booster seat, or seat belt. If your child falls asleep in the car, make sure the **chin is lifted up and not in a chin-to-chest position**. This will keep their airway open.
3. When you arrive home, your child can sleep, but not in a bedroom where they cannot be seen. He/she should be in a room like the living room where you can watch him/her.
4. At home, start with clear liquids like Gatorade, Kool-Aid, 7-Up, or apple juice. Avoid dairy and plain water for an hour. Ginger Ale has natural anti-nausea properties. Soft food can be added next. Later, your child can progress to a regular meal as tolerated.
5. For the remainder of the day, do not let your child do activities that require coordination, such as riding a bike, climbing, swimming, sledding, trampolines, etc. Also, they should not participate in sport, church, or school activities.
6. If your child vomits, refrain from offering food and drinks for one hour. Start again with sips of clear liquids/ Ginger Ale. If it happens again, call Dr. Devany.
7. Some children will get a flushed face, especially if they are up and running around, or a low grade fever. This is due to one of the medications. If this happens, quiet them down; a cool cloth to the face will help. Contact Dr. Devany if your child develops a temperature higher than 101°F, if there is swelling of the mouth or airway, or if you have any other concerns. If the temperature is 101°F place your child in a tub of warm water and get their head and hair wet, this is the best way to loose body heat.
8. We recommend that you don't ask you child what they remember, allow them to talk about it, We have found that about 80% don't mention the shot, and don't remember it, especially if we don't bring it up.
9. Please ask any questions that you or your child may have. We want this to be a safe and pleasant experience for both you and your child. Don't hesitate to call Dr. Devany with post op questions.

Viola Devany, MD

Safe Sedations LLC

Treatment Day of Service Recommendations x

Patient Name: _____ *What you can do to help....*

With Pandemic precautions we can no longer offer “Plan A” to start the Sedation/Anesthesia, but please follow these guidelines. They will help your child to feel that Dr. Devany (or associates) are trustworthy. Some of her actions might seem awkward, but they are all designed to enhance gaining the trust of your child.

- 1. Try to resist the urge to go into protective mode, which usually involves holding your child tightly on your lap.. This gives the wrong message. If your child is playing on the floor or a chair this gives a message that all is well, we can trust her.*
- 2. Allow Dr. Devany to greet your child before she greets you. She will tell him/her what will happen next.*
- 3. Then she will basically “ignore” your child- that lets them off the hook and allows them to study her. She might redirect them if they interrupt her.*
- 4. When it is time for her to talk with your child allow her the “space” she needs. Don’t repeat what she is telling your child, don’t make comments, don’t interpret what she is saying to your child. Basically be a silent observer.*
- 5. Avoid words like “shots”, “vomiting” and , avoid describing your bad experiences.*
- 6. Sometime LESS is MORE, too much detail increases anxiety. Allow Dr Devany to explain things to your child. If she signals you to allow her to lead or do the explaining it’s because of 20 years of experience. Her entire approach is orchestrated for the best possible outcome.*
- 7. Sometimes Dr. Devany will say, things like, “you are going to need to let me drive this train” or ”its ok, your child and I have this”, she doesn’t mean to disrespect you, she is signaling that she needs some space to make a connection with your child and help your child trust her.*
- 8. Thank you for trusting us to care for you child.*
- 9. Have you seen the videos on the web page,? _____*
- 10. Please Initials show that you have read this _____*

Viola Devany MD

Safe Sedations LLC

Phone 937-974-4686

Fax 937-552-7549

Pre-Anesthetic Medical Clearance

Patient's Name _____, is scheduling with Dr. Devany to have a deep intravenous sedation/IV General Anesthetic for dental procedures. Dr Devany is a Board Certified Anesthesiologist and she requires that the patient verifies with her or his physician that he/she is medically well enough to safely tolerate the anesthetic and that all chronic medical conditions (hypertension, diabetes, asthma, copd, arrhythmias, etc.) are well controlled and the medical care for the chronic conditions are optimized for the patient.

Please list the patient's medical conditions, medications, allergies and limitations for the patient.

In addition does the patient have/ or is at risk for sleep apnea?

If the patient is a smoker, Thank you for re-affirming the need to stop smoking peri-operatively for the patient, or the parent/care-givers for minors.

Thank you for maximizing the patient's medical care in anticipation of an anesthetic, and taking time to fill out this form to help me understand and prepare for their anesthetic. Viola Devany MD

Please summarize Medical conditions, current or past, and treatment/medications

Age; _____ Gender; _____ Height; _____ Weight; _____ BMI; _____

Pulse; _____ BP; _____ SAO2; _____ ALLERGIES; _____

Physical exam: *_(Pertinent highlights)_* _____

Is this patient in his/hers optimized condition for his/her medical conditions and does he/she receive your medical clearance for a deep intravenous sedation/IV General in an office setting.

Physician Signature _____ Date _____

Physician phone number. _____

Viola Devany MD

Safe Sedations LLC

Phone 937-974-4686

Fax 937-552-7549

Pre-Anesthetic Medical Clearance