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Informed Consent for Administration of Nitrous Oxide  
(Laughing Gas)

Patient: \_\_\_\_\_ Doctor: \_\_\_\_\_

**Benefits:**

1. Nitrous Oxide is an inhaled gas, commonly referred to as “Laughing Gas” that is used to reduce anxiety and cause relaxation during dental treatment. You **WILL** be awake and fully conscience.
2. Nitrous Oxide is **NOT** required for the completion of the prescribed dental treatment.
3. Nitrous Oxide is not indicated for all patients. If you have a severe anxiety, fear or un-cooperativeness then a referral will be made for a deeper type of sedation.

**Adverse Effects** although rare and temporary, may occur and are included but not limited to the following:

1. A tingling sensation in the fingers, toes, cheeks, lips, tongue, or head area.
2. Heavy feelings in the legs followed by a floating feeling
3. A resonating voice with a hypernasal tone
4. A warm or hot feeling in the body with flushing in the face
5. Uncontrollable laughter and/or talking
6. Feelings of nausea and/or vomiting
7. Agitation
8. Sluggishness in motion
9. Slurring of words

**Alternatives:**

1. No nitrous oxide: The procedure will be completed with local anesthetic only
2. Referral to a specialist for treatment using deeper sedation techniques.

Nitrous Oxide **CANNOT** be used if you have the following:

1. Significant lung compromise including pneumothorax, pulmonary embolism, air embolism or other severe lung disease.
2. Bowel Obstruction
3. Middle Ear Surgery
4. Pregnancy

Nitrous Oxide needs to be used with **CAUTION** if you have conditions related to Vitamin B12 deficiency or folate metabolism problems, history of stroke, hypotension, or other cardiac conditions.

The use of nitrous oxide has been fully explained to me. I have been told of potential complications. I have told my doctor of all current and past medical conditions and current medications.

I have been informed of the benefits, risks, potential complications, alternatives and contraindications, my questions have been answered and I give my consent for the administration of nitrous oxide for the prescribed dental treatment.

Patient/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

*for family • for health*

