ClinicOMS
Oral & Maxillofacial Surgery
VAUGHAN

INFORMED CONSENT FOR ORAL SURGERY

Patient Name: ____

This is my consent for Dr. Donald Hui/Associate(s) to perform the following procedure(s):

____

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1. I understand my options and alternatives to this treatment.
2. Dr. Hui/Associate(s) has explained to me that there are certain after-effects involved in any oral surgery procedure. These may include (but are not limited to):
   - Postoperative discomfort and swelling
   - Injury to adjacent teeth and fillings
   - Stretching of the corners of the mouth with resultant cracking and bruising
   - Restricted mouth opening for several days or weeks
   - Decision to leave a small piece of root in the jaw when its removal would require injury to a nerve
   - Delayed healing (dry socket)
   - Injury to the nerve underlying the teeth resulting in numbness or tingling of the lip, chin, gums, cheek, teeth and/or tongue on the operated site; this may persist for several weeks, months, or in very rare instances be permanent.
   - Opening into the sinus (a normal cavity situated above the upper teeth) requiring additional surgery.
   - Depending on your body's response & healing, further procedures may be required.
3. I consent to administration of Local Anaesthetic and/or Nitrous Oxide and/or General/IV Anaesthesia, as previously discussed with Dr. Hui/Associate(s). Any anaesthesia, including local anaesthetic bears an assumed risk. I have been advised of these potential risks and effects associated with the method of sedation being used for my procedure.
   ** Please note that all sedations and anaesthesia have full monitoring equipment and anaesthesia team **
4. For patients undergoing General/IV Anaesthesia: I have not had anything to eat or drink (*not even water*) at least 6-8 hours prior to my surgery.
5. I deny recent (past 48 hours) use of illicit drugs. Illicit drugs refer to drugs that are highly addictive and illegal. They may include but are not limited to: cocaine, crack cocaine, ecstasy, hallucinogens, heroin, inhalants, ketamine, and meth.
6. I have disclosed to Dr. Hui/Associate(s) my past and present medical and health history and any medications I am taking.
7. I agree to follow the recommendations of Dr. Hui/Associate(s).
8. I understand that I must attend postoperative appointment(s) as per Dr. Hui/Associate(s) request.
9. I knowingly and willingly consent to have surgical/dental treatment completed during the COVID-19 pandemic.

My signature below signifies that I have read and understood this consent, and have been given the opportunity to ask any questions that I may have.

Patient Signature: ____________________ Print Name: ____________________ Date: __________
(If 15 years of age or older)

Parent/Guardian Signature: ____________________ Print Name: ____________________ Date: __________
(If patient is under the age of 18)

Doctor's Signature: ____________________ Print Name: ____________________ Date: __________

PATIENT NAME	AGE	WEIGHT	HEIGHT	OP#	DATE

MEDICAL HISTORY

TMJ: ☐ YES ☐ NO
PREGNANT: ☐ YES ☐ NO
ASTHMA : ☐ YES ☐ NO
DENIES RECENT ILLICIT DRUG USE: ☐ YES ☐ NO

MEDICATIONS

BIRTH CONTROL: ☐ YES ☐ NO

ALLERGY

☐ NKDA ☐ ALLERGY TO EGGS

INDICATION FOR SEDATION: ☐ PT COMFORT ☐ ANXIOLYSIS ☐OTHER

☐ SX CONSENT SIGNED ☐ CLOCKS CHECKED | ☐ ORAL ☐ N_2O ☐ IV ANAESTHESIA | ☐ NPO SINCE: | ☐ PT WELL AT TIME OF INTAKE

☐ PRE-MED (ANXIOLYTICS/ NON-ANXIOLYTICS) NAME: DOSE: TIME:

ESCORT (VERIFIED PRE-ANESTHESIA) NAME: RELATIONSHIP: PHONE #:

ASA CLASS: ☐ I ☐ II ☐ III MALLAMPATI CLASS: ☐ I ☐ II ☐ III ☐ IV | THYROMENTAL DISTANCE: ☐ NL ☐ SHORT NECK FLEXION: ☐ NL ☐ RESTRICTED

☐ PULSE OXIMETER ☐ BP ☐ EKG ☐ CO2 ☐ PRE-CORD | PRE-OP BP: PRE-OP HR: PRE-OP SpO_2: PRE-OP RR:

IV: ☐ ANGIOCATH ☐ BF | GAUGE: ☐ 22 ☐ 24 | IV FLUIDS: ☐ NS ☐ D5W | IV FLUID VOL: mL | IV SITE: ☐ R ☐ L ☐ DOH ☐ ACF ☐ FA ☐ OTHER

NOTES:

INTRA-OP BP, HR, SpO_2, RR, CO_2 RECORDED IN EHR									TOTAL
O_2 (L/min)									
N_2O (L/min)									
CO_2									
L.O.S.									
EKG									
VERSED IV mg									
FENTANYL IV mcg									
CLINDAMYCIN IV mg									
KETAMINE IV mg									
PROPOFOL IV mg									
DECADRON IV mg									
GLYCOPYRROLATE IV mg									

[ ] CARPULES OF: 2% LIDOCAINE W/ 1:100K EPI [ ] CARPULES OF: 0.5% BUPIVICAINE W/ 1:200K EPI [ ] CARPULES OF: 4% ARTICAINE W/ 1:100K EPI
[ ] CARPULES OF: 3% CARBOCAINE [ ] OTHER:

START OR:
START ANAES:
START IV:
START SX:
END ANAES:
END SX:
TO RECOVERY:

ANAESTHETIC RESPONSE

☐ WNL ☐ BRIGHT/TALKATIVE
☐ SLEEPY ☐ CRYING
☐ COMBATIVE ☐ SIG. FINDING(S)

IV SITE

☐ IV DC'D/CANNULA INTACT
☐ INFILTRATED
☐ PHLEBITIC +1 +2 +3
☐ WARM CLOTH ADVISED

ASSISTANCE TO RECOVERY

☐ X1 RN
☐ X2 RN
☐ SUPERVISED ONLY
☐ WHEELCHAIR

☐ POST-OP IMAGING TAKEN AND REVIEWED BY DDS ☐ N/A

☐ VITAL SIGNS STABLE
☐ AMBULATORY
☐ ALERT & ORIENTED X3
☐ GAUZE CHANGED _____ X
☐ EXTRA FREEZING GIVEN
☐ P/O MEDS (GIVEN IN RECOVERY) NAME: DOSE: TIME:

☐ WRITTEN & VERBAL P/O INSTRUCTIONS GIVEN
☐ INSTRUCTED NOT TO DRIVE/OPERATE HAZARDOUS MACHINERY OR MAKE IMPORTANT DECISIONS FOR 18HRS
☐ CAUTIONED NO ALCOHOL/DRUGS W/ SEDATIVE PROPERTIES FOR 18HRS OR LONGER IF DROWSINESS PERSISTS
☐ PEDS: DISCHARGED TO THE CARE OF 2 RESPONSIBLE ADULTS

DISCHARGE BP: DISCHARGE HR: DISCHARGE SpO_2: DISCHARGE RR:

DISCHARGE TIME: | PT LEFT THE FACILITY AT (TIME):

ESCORT NAME: RELATIONSHIP: PHONE #:

	☐ DR. DON HUI	PRE-OP RN:	DA 1:
	☐ DR. KAL RAMMO	SX RN:	DA 2:
☐ PROCEDURE TOLERATED WELL	☐ DR. KEN MUI	RECOVERY RN:	DA 3: