BLATT
FAMILY DENTISTRY

General Anesthesia for children

Our goal is to provide a safe and comfortable experience for your child so that their dental needs are met. Children should wear loose comfortable clothing and a change of clothes is recommended in case they get soiled. We also ask that you bring a warm blanket for your child and possibly a favorite stuffed animal.

On arrival to the dental office, the medical history will be reviewed and a brief physical exam will be conducted. Your child should use the washroom at this time. Some children will receive a pre-op medication in the dental office before their appointment. This medication may be syrup that your child will drink to make them feel sleepy. The goal of the medication is not to put your child to sleep but to relax them before they are brought into the treatment room. The medication will also provide some amnesia and children often don't remember coming into the room. Sometimes the medication is given as a spray in the nose. In some circumstances the medication is given as an injection, however, we try to avoid this if possible.

Once your child is in the treatment room, they will be asked to breathe through a mask. In a minute or two your child will be asleep. It is common for children to move around, stretch, yawn or breathe irregularly as they drift off to sleep. This is an excitement stage that kids go through before going into a deep sleep and is normal. Vital signs are monitored continuously throughout the entire procedure. An IV (intravenous) is then placed in their hand, arm, or possibly their foot. This allows us to give them additional medications as well as fluids to rehydrate them.

A breathing tube is usually placed. Your child will likely have a sore throat for a day or two. This is normal and will resolve on it's own.

After the procedure is finished, your child will gradually start to wake up. It is very common for children to wake up feeling disoriented and agitated. This is normal and will pass as your child becomes more awake. It is possible for your child to feel some nausea or vomit after general anesthesia. Medications are usually given to prevent this. Your child will feel cold and will possibly be shivering when he/she wakes up. This is normal and it will take a few minutes to warm up. It will take about an hour or so for your child to be ready for discharge home.

How much will it cost?

The anesthesia fee is based on the time required for induction, completion of dental work and one hour of recovery. Units are based on the dentists operating time (one unit is equivalent to 15 minutes). An estimate of the duration of the procedure and the fee is given to the patient prior to the sedation appointment. Payment accepted includes Visa, MasterCard, Amex, debit, or cash. Personal cheques are NOT accepted. Payment in full is required on the day of the procedure.

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Pre Operative Instructions

- Nothing to eat **eight hours** prior to your child's appointment. Nothing to drink **three hours** before the appointment
- Clear fluids are allowed **up to 3 hours before** your child's appointment (**e.g. water, apple juice without pulp**.) **Milk is NOT** acceptable.
- Your child should wear loose comfortable clothing and have a change of clothes
- Please bring a warm blanket and possibly a favorite stuffed animal.
- If there is any change in your child's health including a recent cough, cold, flu runny nose, fever or sore throat, please contact the office as soon as possible. The procedure may need to be rescheduled.

Post-op instructions

- Your child may fall asleep or feel nauseous during the car ride home. It is usually helpful to have a second adult to watch your child in the car
- For the rest of the day, a responsible adult should closely monitor your child.
- Your child should get lots of rest
- Activity and play should be minimized.
- Your child should drink plenty of clear fluids
- Your child may eat light, soft foods if they are able to tolerate it. It is possible for your child to not feel hungry for the first several hours.
- If your child has nausea or vomiting they should drink small quantities of fluid like flat ginger ale, water or juice. If the nausea persists they may be given Gravol. If they are unable to take the medication by mouth, than they can be given a suppository. If the nausea or vomiting is severe or persists, please contact Dr Lok at 647-225-8871 or email him at office@mobileanaesthesia.com.

Pre-Anaesthesia Patient Questionnaire (Child)

32 Davenport Road |Toronto, ON | M5R 0B5

Child's Name: _____

Date of Birth: _____

Child's Weight: _____

Child's Height: _____

Patient Information	☑ Yes	☑ No	☑ Not Sure
1. Does your child currently have any health problems or concerns? Please explain:	☐	☐	☐
2. Has there been ANY change in general health in the past year? When did your child last visit their family physician? (Month)_____(Year)_____	☐	☐	☐
3. Has your child ever been in hospital for treatment? When, where and why?	☐	☐	☐
4. Has your child ever had general anaesthesia or surgery? When, where and why? Were there any problems with the anaesthesia?	☐	☐	☐
5. Have you or any of your family relatives had problems with anaesthesia? Please explain: Were any tests done?	☐	☐	☐
6. Does your child have a drug allergy? What drug? What year? What happened? ☐ Rash ☐ Breathing problems/Wheezing ☐ Swelling	☐	☐	☐
7. Does your child have any allergies (e.g. latex)? Please list allergies:	☐	☐	☐
8. Does your child take ANY medications right now (including puffers)? Please list name and dose:	☐	☐	☐
9. Does your child take ANY non-prescription remedies (including herbal remedies)? Name:	☐	☐	☐
10. Has your child had a cortisone (steroid) drug orally in the past year? When? For how long?	☐	☐	☐
11. Has your child taken any medicine for a long time in the past? Name? Reason?	☐	☐	☐
12. Has your child had aspirin or aspirin containing compounds (ASA, Bufferin, Anacin, 222) within the last week?	☐	☐	☐
13. Does your child or anyone in the family have a bleeding problem?	☐	☐	☐
14. Has your child been exposed to any infectious diseases in the past month?	☐	☐	☐
15. Does your child have any difficulty breathing while sleeping a home?	☐	☐	☐

16. Does your child have, or have they ever had, any of the following?

	Yes	No	Not Sure		Yes	No	Not Sure
Heart murmur	☐	☐	☐	Croup	☐	☐	☐
Congenital heart disease	☐	☐	☐	Other lung disease	☐	☐	☐
Chest pain or angina	☐	☐	☐	Cancer	☐	☐	☐
Heart pacemaker/defibrillator	☐	☐	☐	Fainting spells, dizziness	☐	☐	☐
Irregular heart beat arrhythmia	☐	☐	☐	Thyroid problems	☐	☐	☐
Damaged/abnormal heart valves	☐	☐	☐	Glaucoma or vision problems	☐	☐	☐
Rheumatic fever	☐	☐	☐	Muscular dystrophy	☐	☐	☐
Liver disease/Jaundice	☐	☐	☐	Arthritis	☐	☐	☐
Hepatitis	☐	☐	☐	Bone, joint or muscle problems	☐	☐	☐
Blood / Coagulation disorders	☐	☐	☐	Stomach ulcers/Acid reflux	☐	☐	☐
Anemia (including sickle cell)	☐	☐	☐	Sleep apnea	☐	☐	☐
Thalassemia	☐	☐	☐	Pseudocholinesterase deficiency	☐	☐	☐
Kidney disease	☐	☐	☐	Malignant hyperthermia	☐	☐	☐
Adrenal gland problems	☐	☐	☐	Epilepsy/Seizures/Convulsions	☐	☐	☐
Diabetes	☐	☐	☐	Cerebral palsy	☐	☐	☐
HIV / AIDS	☐	☐	☐	Down syndrome	☐	☐	☐
Asthma	☐	☐	☐	Autism	☐	☐	☐
Cystic fibrosis / Tuberculosis	☐	☐	☐	Mentally disabled	☐	☐	☐

17. Does your child have any difficulty breathing through their nose? ☐ ☐ ☐
18. Does your child have any nose bleeds? If so, how many per week? ☐ ☐ ☐
19. Does your child have problems running around and playing freely? ☐ ☐ ☐
20. Does your child get short of breath very easily? ☐ ☐ ☐
21. Does your child ever turn a blue colour and/or faint when trying to run or play? ☐ ☐ ☐
22. Does your child have any problems opening his/her mouth wide? ☐ ☐ ☐
23. Does your child have any problems moving his/her neck freely? ☐ ☐ ☐
24. Has your child ever had surgery and/or radiation treatment for a tumour or cancer? ☐ ☐ ☐
25. Does your child smoke? ☐ ☐ ☐
26. If your child is of child bearing age, is she pregnant? ☐ ☐ ☐
27. Does your child have any loose teeth (especially front teeth)? ☐ ☐ ☐
28. Does your child have ANY disease, condition or problem not mentioned so far? ☐ ☐ ☐
29. How much does your child weigh? _____ Height? _____
30. Additional comments? _____

▶▶▶ I declare that the above information is a true and accurate account of my child's heath status:

Signature of parent, guardian, or caregiver: _____

Date: (MM/DD/YYYY) _____