



## INSTRUCTIONS FOR PATIENTS RECEIVING SEDATION

1. Please remember that the goal of sedation is to decrease anxiety and discomfort associated with your procedure. It is probably that you may sleep during the procedure, but you will be stimulated periodically to ensure adequate breathing and responsiveness. You should expect to be awake, but relaxed. Most patients are highly satisfied with this level of sedation, but every individual responds differently in a sedation. The goal for conscious sedation is not to put you “out.” If a deeper level of sedation is required, it will necessitate a referral.
2. It is critical for you to not eat any food or drink opaque liquids (for example: coffee, milk, orange juice) for at least six hours before your appointment. You may drink clear liquids (such as water and apple juice) up to two hours before the procedure.
  - Unless specified by Dr. Miller, all medications taken on a routine basis should be continued without interruption. Please swallow with a minimal amount of water if within 2 hours of your appointment. If your medication were changed or stopped for this appointment, resume your normal dosing after the appointment as specifically recommended by Dr. Miller.
3. A responsible adult, over 18 years of age must accompany the patient to the clinic. Following the sedation, a responsible adult must escort the patient home, and a responsible adult should remain with the patient for the rest of the day or until the patient is fully awake. A parent or legal guardian must accompany minors (persons under the age of 18 years of age).
4. For intravenous sedation, patients should wear clothing that is not restricting to the neck or arms. Please wear a short sleeve shirt. If the weather is cool, wear a jacket or sweater that you can remove. If you would like, you may bring a blanket.
5. Please do not wear fingernail polish (on at least one finger).
6. Following the sedation, patients should refrain from driving an automobile or engaging in any activity that require alertness until the next day. Avoid alcoholic beverages until the next day. Consume normal volume of food and fluid. Be careful walking.

By signing below, I acknowledge that Dr. Miller contacted me prior to the procedure to review these instructions and answer questions. I acknowledge that Dr. Miller provided written post sedation instructions to my escort.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_