

CONSENT FOR TREATMENT

Nitrous Oxide

PURPOSE AND BACKGROUND

As a patient of Nourished MedSpa and Wellness Center, I have requested inhalation analgesia. I understand that the purpose of nitrous oxide/oxygen analgesia (commonly known as laughing gas) is to more comfortably undergo a procedure that causes pain or anxiety. I know that nitrous oxide/oxygen is not required to provide the procedure. I understand that using nitrous oxide/oxygen has limitations and risks and absolute success cannot be guaranteed. I will breathe the gas through a small mask that sits over my nose or a mouthpiece. The nitrous oxide/oxygen is very unlikely to make me unconscious. I understand that the procedure is a drug-induced state of reduced awareness and decreased ability to feel pain. Nitrous oxide is not sleep. I may still need local anesthetic depending on the procedure at the discretion of Dr. Carter. I will be able to respond during the procedure. My ability to respond completely back to normal returns when the effects of the sedative wear off. I certify that I am not currently, and not planning to become pregnant. I have explained my medical history truthfully and completely prior to the procedure. I attest that I do not have any of the following conditions:

- Inner ear or eye surgery within the last two weeks
- An airbubble placed in the eye as the result of a retinal surgery within the last 6 weeks
- Severe B-12 deficiency
- Bleaomycin chemotherapy in the previous 12 months
- Scuba diving in the previous 24 hours

PROCEDURE

Oxygen along with Nitrous Oxide will be used together in a ratio to provide the correct level of effect during my procedure. I will breathe in the nitrous during the procedure in order to have the effect of the medication. I understand that I will be holding the mouthpiece and can control when I receive the gas.

RISKS AND COMPLICATIONS

Common potential side effects include: tingling sensation, sensation of warmness, nausea and vomiting, excessive perspiration, headache, flushing, excessive talking, vivid dreams or physical movement of the body, dream-like state, time seems to slow down, hallucinations, shivering, drowsiness or dizziness. Extremely rare complications could be combativeness, claustrophobia, uncontrollable laughter, less responsive to verbal stimuli, and decreased ability to breathe on my own which would require interventions to open my airway and/or temporarily ventilate my lungs artificially while the effects of the medication wear off.

BENEFITS

To make me feel more relaxed, comfortable and less anxious.

ALTERNATIVES

This is strictly a voluntary procedure; it is not necessary or required. Other alternative treatments which vary in sensitivity, effect and duration include: topical anesthetic, nerve block, referral to a clinic that uses IV sedation, distraction techniques or nothing at all.

RESULTS

I am advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated and there can be no guarantee as expressed or implied either to the success or failure of this procedure. I am aware that the duration of effect is dependent on many factors including but not limited to: age, sex, tissue condition, my general health and lifestyle conditions. Clinical results will vary per patient.

QUESTIONS

This procedure has been explained to me by the staff of Nourished MedSpa and Wellness Center. I have had an opportunity to ask any questions and research the procedure to my satisfaction.

CONSENT

I understand that my consent and authorization for this procedure is strictly voluntary. I have already read and signed the Clinic's general consent and understand that it is still in effect. By signing this informed consent form, I hereby grant authority to Nourished MedSpa and Wellness Center and Dr. Jason Carter, MD (or other delegated medical providers for Nourished MedSpa and Wellness Center) to use inhaled nitrous/oxygen gasses and/or administer any related treatment as may be deemed necessary

or advisable in the diagnosis and treatment of my condition. For purposes of advancing medical education, I consent to the admittance of observers to the treatment room.

The nature and purpose of this procedure and the complications and side effects have been fully explained to me. Alternative treatments and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment. I agree to adhere to all safety precautions and instructions after the treatment. I have been instructed in and understand post treatment instructions and have been given a written copy of them. I understand that no refunds will be given for treatments received. No guarantee has been given or implied by anyone as to the results that may be obtained from this treatment.

I have read this informed consent and certify that I understand its contents in full. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I have had enough time to consider the information given me by my physician/practitioner and feel that I am sufficiently advised to consent to this procedure. I accept the risks and complications of the procedure. I certify that if I have any changes occur in my medical history I will notify Nourished MedSpa and Wellness Center immediately.

I hereby voluntarily consent to this procedure and release Nourished MedSpa and Wellness Center, medical staff, and all associated professionals from liability associated with the procedure. I certify that I am a competent adult of at least 18 years of age and am not under the influence of alcohol or drugs. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns.

Patient Name (please print)	Patient Signature	Date
Performed by (please print name and title)	Practitioner Signature	Date



PRE-TREATMENT INSTRUCTIONS

Nitrous Oxide

- DO NOT eat or drink anything 2 hours prior to the appointment. This includes water. Nitrous oxide can cause "stomach butterflies" (nausea), which may result in vomiting.
- Do not drink alcohol or take any recreational drugs in the 24 hours before your appointment. These may be dangerous because they affect how you react to the sedation.

Clothing and Eyewear

- Wear loose clothing that does not restrict breathing and allows a blood pressure cuff to be placed on the skin of your upper arm. Please avoid turtlenecks and dresses.
- DO NOT wear contact lenses. Please wear your glasses instead.
- DO NOT wear fitted jewelry.

Nail polish and Lipstick

- DO NOT wear nail polish, shellac, or acrylic nails. A probe will be placed on your finger to monitor your
 pulse and oxygen while the nitrous oxide is being administered and does not work well on nail varnish or
 fake nails.
- No makeup is best for the day of your procedure. Do not wear lipstick or heavy eye makeup.

Additional

- DO NOT ignore a head or chest cold when having a procedure completed. You must be able to breathe through the nose (blocked nasal passages, colds, etc., defeat the idea of using nitrous oxide for relaxation). Call immediately if you have any cold symptoms. A change of appointment may be necessary.
- On the day of your appointment, do not take any antidepressants or other sedatives unless prescribed by Dr. Carter.

Instructions during Nitrous Oxide Use

- No talking is allowed while nitrous oxide is being used. Talking blows nitrous oxide into the room, lessening the desired effect for you, and exposing the staff to the nitrous effects.
- You may feel nauseated, dizzy, drowsy or claustrophobic during and after nitrous oxide use.

Please contact our office at 903-357-5108 with any questions or concerns.



POST-TREATMENT INSTRUCTIONS

Nitrous Oxide

Instructions following Nitrous Oxide Use

- The gas dissipates from the body within 3 to 5 minutes after administration has stopped and the effects are rapidly ceased.
- Recovery status will be assessed following the procedure. Only fully recovered individuals can be considered
 for discharge unaccompanied. Should any residual symptoms remain, you must be accompanied by a
 responsible adult and should not drive a vehicle.

How can I care for myself at home?

Activity

• You may continue your activities of daily living normally

Diet

- Eat your normal diet. If your stomach is upset, try bland, low-fat foods like plain rice, toast and yogurt
- Drink plenty of fluids (unless Dr. Carter tells you not to).
- Do not drink alcoholic beverages for 8 hours

Medications

Please take your prescribed medicines normally

Please contact our office at 903-357-5108 with any questions or concerns. If you have an emergency or urgent pressing clinical issue, call Dr. Carter at 903-818-3467. Texting is the best way to reach Dr. Carter.

Please make an appointment for follow-up and reassessment in 1 month.

Patient Name (please print)	Patient Signature	Date