



Pre-and Post-Sedation Instructions

BEFORE DENTAL APPOINTMENT:

1. Please call the office if your child becomes sick or develops a fever, cough, sore throat or has a runny nose within 2 days before the dental appointment. Another appointment will be scheduled.
2. If you are undergoing Nitrous only (laughing gas) we require an empty stomach i.e.: no food or liquids 2 hours prior to treatment.
3. Medication is given by mouth. Therefore, your child must have an empty stomach in order for the medication to be absorbed and be effective. **Do not give your child milk or any solid foods for 6 hours prior to the dental appointment time. They can have clear liquids, i.e.: water, apple juice up to 2 hours before the appointment time.**
4. Your child must be accompanied by a parent/guardian who must stay at the office for the duration of the dental appointment.
5. If you are driving, please make arrangements to have another adult in the car with you to assist on the trip back home. Also, please use a seat belt and an appropriate car seat to protect your child in the car and help maintain the child's airways.

AFTER THE DENTAL TREATMENT:

1. Although your child is awake after the dental work has been completed, he/she may be drowsy and may want to sleep for a few hours or most of the day.
2. Immediately after the dental treatment, your child may be hungry and thirsty. At this time, your child may drink only clear liquids. Because your child may still have the effects of the local anesthesia, please instruct the child not to bite the lip, tongue or cheek. You need to supervise your child until the local anesthesia wears off.
3. At home, encourage your child to drink plenty of liquids, and serve him/her soft solids such as jello or applesauce. Chewing hard food may cause the child to bite the lip, tongue or cheek.
4. Supervise your child's activities for the rest of the day. He/she may be slightly unsteady and should not be allowed to play outside or climb on stairs without close supervision.
5. Some children may be irritable or experience nausea and vomiting. If your child has to throw up, let him/her do so. Do not attempt to prevent the child from throwing up.
6. If you have any questions or concerns, either before or after your visit, please call our office.

EastLake
2226 Otay Lakes Road
Chula Vista, CA 91915
Ph: (619) DENTIST (336-8478)

Chula Vista
345 F Street Suite 260
Chula Vista, CA 91910
Ph: (619) DENTIST (336-8478)

Oceanside
3625 Vista Way
Oceanside, CA 92056
Ph: (760) DENTIST (336-8478)

Carmel Valley
11943 El Camino Real, #200
San Diego, CA 92130
Ph: (858) DENTIST (336-8478)

Kearny Mesa
9737 Aero Drive
San Diego, CA 92123
Ph: (858) DENTIST (336-8478)

