

Safe Sedations, LLC
Justin Klanke, M.D.
Pediatric Pre-Op Health Questionnaire

Patient's name: _____ Nickname: _____ Male: _____ Female: _____
 Dentist/dental office: _____ Date of surgery: _____
 Patient's age: _____ Patient's date of birth: _____ Patient's weight: _____ Adopted: Y / N

Is there any history of the following (if yes, please provide any important, related details)?:

	Yes	No/NA
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- | | | |
|--|--------------------------|--------------------------|
| 1. Pre-term (if yes, how many weeks): _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Any history EVER of lung disease or are prone to- asthma, croup, bronchitis, wheezing, RSV, pneumonia _____
When was the last episode _____ Treatments given _____
Hospitalizations, ER visits _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Sinus infections, significant seasonal allergies requiring treatment _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Heart disease, heart murmur (any limitations, cardiology eval) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Seizures or other neurological disease (meds, most recent issue) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Musculoskeletal disease (pectus excavatum, scoliosis, hypotonia, spine concerns, etc) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Anemia, bleeding issues (nose bleeds, how often, most recent issue) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Large tonsils, mouth breather, sleep apnea _____
Snoring history (even if only with colds) _____ Tonsils/adenoids surgery: Y / N
Have you witnessed your child stop breathing or pause _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Gastrointestinal problems (reflux, hepatitis, gastroparesis, etc) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Current medications/supplements _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Allergies (including latex, food, eczema) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Previous surgery or anesthesia _____
Any related problems _____
Previous dental sedations (including nitrous oxide) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Family history of anesthesia problems (difficult IV, malignant hyperthermia) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Family history of muscular dystrophy or other skeletal/muscular diseases _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Any other medical problems _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Teenage girls and menstruation history (abnormalities, sexually active) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Smokers in patient's life (including sitters, grandparents) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Neurological development or psycho-social issues (autism spectrum, ADHD, MRDD, CP, OCD, ODD, anxiety, depression) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Reason for sedation (anxiety, bad experience, etc) _____
Describe your child's temperament (calm, anxious, dramatic, etc) _____
Describe your child's typical or worst dental visit _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Any and all phone numbers for pre- and post-op contact by Dr. Klanke _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Is a parent or primary caretaker a medical professional (RN, MD/DO, EMT, etc) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Are parents divorced, separated, single, remarried, etc (if yes, or if patient is a special needs adult over age 17, we need a copy of any court decrees like custody, including guardianship (requirement for informed consent) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Who does the child sleep with _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Office notes only below this line _____
 Date: _____ Parent: _____ NPO: _____ Clear liquids: _____ Rx# _____
 Prelone: _____ Other instructions: _____ PROQ#: _____
 2 Adults: _____ Interviewer: _____

Justin Klanke MD
Safe Sedations LLC

Treatment Day of Service Recommendations

Patient Name: _____ What you can do to help....

Please follow these guidelines. They will help your child to feel that Dr. Klanke (or associates) are trustworthy. Some of his actions might seem awkward, but they are all designed to enhance a for gaining the trust of your child.

- 1. Try to resist the urge to go into protective mode, which usually involves holding your child tightly on your lap. This gives the wrong message. If your child is playing on the floor or a chair this gives a message that all is well, we can trust him/her.*
- 2. Allow Dr. Klanke to greet your child before he greets you. He will tell him/her what will happen next.*
- 3. Then he will basically "ignore" your child- that lets them off the hook and allows them to study him. He might redirect them if they interrupt him.*
- 4. When it is time for him to talk with your child, allow him the "space" he needs. Don't repeat what he is telling your child, don't make comments, don't interpret what he is saying to your child. Basically be a silent observer.*
- 5. Avoid words like "shots", "vomiting" and, avoid describing your experiences in a negative way.*
- 6. Sometime LESS is MORE, too much detail increases anxiety. Allow Dr. Klanke to explain things to your child. If he signals you to allow him to lead or do the explaining, it's because of 10 years of experience. His entire approach is orchestrated for the best possible outcome.*
- 7. Sometimes Dr. Klanke will say, things like, "you are going to need to let me drive this train" or "it's ok, your child and I have this", he doesn't mean to disrespect you, he is signaling that he needs some space to make a connection with your child and help your child trust him.*
- 8. Thank you for trusting us to care for you child. As a father of young children, I know it is an honor I do not take lightly. I promise to you I will care for your child as I would care for my own child. Please don't hesitate to ask any questions or address any concerns you may have. My goal is to provide the utmost safety and comfort for you and your child through the entire peri-operative time. Sincerely, Dr. Justin Klanke*
- 9. Please initial to show that you have read this form _____*

Justin Klanke, M.D.

Safe Sedations, LLC

safesedationsllc@gmail.com

www.safesedations.com

IMPORTANT STATEMENT REGARDING SEDATION IN BABIES AND YOUNG CHILDREN: Consent

For many years, scientists have been studying the effects of anesthesia and sedation on the brains of babies and young children. They have been trying to answer the question of whether anesthesia and sedation have adverse effects on the developing brain. To date, there has been no definitive answer. However, some studies on animals and large retrospective studies suggest that exposure to anesthesia or sedation in babies or young children may result in adverse effects on behavior, learning, and memory.

In 2009, a scientific task force including the FDA, anesthesia scientists, and other interested parties was formed to investigate this issue. Recently, that task force issued a statement recommending consideration of postponement of "elective" surgery until a child reaches the age of three years. "Elective surgery" has not been defined by that group and the issue of whether a surgery is elective varies from child to child. Further, it's not clear as to whether a three-year old or other preschoolers may also be at risk for long term effects of sedation. Therefore, in every procedure on a young child, we must weigh the risks and benefits of the procedure/surgery and sedation as well as the risks and benefits of waiting or postponing the procedure/surgery.

Your child's dental needs are a serious health issue for your child. Your dentist can answer any questions you may have as to the necessity and timing of the procedure as well as the risks of postponing the procedure so that you may make the decision whether to proceed.

If you would like more information regarding the task force's statement on this issue, and updates on the research and consensus statements please refer to www.smarttots.org.

If you choose to proceed with sedation or anesthesia for the procedure, all efforts will be undertaken to use the lowest dose of sedation or anesthetic drugs. Additionally, we will minimize the period of the time during which the drugs are used.

_____, parent or guardian of _____

verifies that he/she has read this statement and understands it. My questions have been answered and I/
we agree to proceed.

DATE _____

SIGNATURE _____

Safe Sedations, LLC

Justin Klanke, MD

HIPAA Privacy Promise

Dr. Justin Klanke, M.D., and everyone with Safe Sedations LLC share your concerns about privacy. We take them very seriously and are committed to protecting your non-public, personal information.

You or your child will be receiving care in a dental office where privacy will be maintained to the best of our ability, while still providing safety for the patients during sedation and recovery.

How we may use your or your child's information:

- For discussion/communication with dentists, doctors, nurses and other health care providers who care for you while you or your child are with us, or provided past, current or future care.
- For communication with insurance companies or insurance support organizations.
- For communication with the dentists/physician's offices and personnel, or communication with physician who participate in the patient's Peri-Operative care (e.g. medical clearance from treating physicians).
- Government agencies or charitable organizations that might be providing financial support.
- In emergency situations to avert serious health/safety situations or in the event transportation is needed.
- To contact you about appointment reminders, Pre-Operative telephone conferences, treatment plans, and other health related benefits and services, and Post-Operative follow-up by Dr. Klanke, his associates, or representatives.
- When law, including judicial settings and health oversight regulatory agencies, requires release.
- If you do not object, with any friends or relatives that accompany you.

Any data collected for research purposes or collective data reasons like tracking trends in this practice or shared with national professional organizations will be shared without identifying individuals or sharing individuals' identities.

Every effort is made to insure privacy in the office on the day of service, however it is an office setting, and the proximity of a recovery patient with a sedation patient is very close by design to promote the safest environment for both patients. This safety measure *could* allow one family to hear some information concerning the other. This is unlikely to happen, and usually the identity is not revealed, but if this is a concern, the office setting might not be the right place for your procedure.

Note that email communication is *not* HIPAA compliant unless both computers are encrypted. If you send email or text information to us, and want to maximize your privacy, please do not include full names.

Your rights concerning your information: You have the right to request or inspect much of the personal health information that we retain on your behalf. All requests must be made in writing and signed by you or your representative. You have the right to request that personal health information be corrected. We are not obligated to make requested amendments but we will give each request careful consideration. If you have questions or need further assistance concerning this notice, you may contact Dr. Klanke at safesedationsllc@gmail.com. *Statement*

HIPAA

SAFE SEDATIONS LLC

JUSTIN KLANKE MD

PATIENT/PARENT COMPLIANCE CONTRACT

TAKE YOUR TIME AND READ THIS CAREFULLY BEFORE SIGNING

1. **NPO** (not eating and drinking) instructions are very important for the safety of the patient and must be followed **exactly** as written. They will be reviewed before the procedure in a phone call from Dr. Klanke or his assistant. No food after midnight except **clear** liquids 3 hours before appointment time. No milk, orange juice, gum, candy, mints, broth, etc.
2. **A second adult is necessary** for the ride home for the safety and care of the patient. For pediatric patients, or special need adults, two adults are required. The second adult can be a teenager.

Alternately, a second adult could arrive at the end of the procedure to drive the patient and the parent home in the same car. Or a taxi can be arranged to take the patient and the parent home.

For adult patients, one adult driver is to be available at the office to drive the patient home.
3. **Pre-op Medications (Prednisone, Prelone, Orapred):** All doses must be taken as prescribed.
4. **NO cancellations less than 2 business days**, except for documented illness. Always call Dr. Klanke before cancelling for illness.
5. **Aborted sedations and procedures:** If the procedure/sedation is started but has to be aborted before some or any of the dental work is completed there is a minimum charge of the deposit \$450.00

These instructions are very important. Your signature indicates that you have read these instructions and understand that if there is a breach in the NPO instructions, a second adult is not arranged for (e.g.: you arrive without a second adult or plans for a taxi), or the Pre-Op medications are not given, the procedure will be cancelled and the deposit of \$450 is non-refundable.

Exceptions to this rule:

Some late afternoon appointments might be given additional options. This is **only if** Dr. Klanke or his assistant have **specifically** given you these instructions for you or your child **in an email** and you have emailed acknowledgement. If you think you have been given any instructions that are different from these written instructions, **the written instructions will trump all verbal communications.** The written instructions are to be followed.

Rare exceptions to the second driver rule will be granted only through consultation with Dr. Klanke, and could involve additional charges for keeping the patient for a longer recovery time.

FOLLOW THESE INSTRUCTIONS, AND READ BEFORE YOU SIGN.

I acknowledge the NPO, Second Driver, and Medication Instructions.

PATIENT/PARENT SIGNATURE: _____

Date: _____

SAFE SEDATIONS LLC
JUSTIN KLANKE MD
CONSENT FOR DENTAL TREATMENT WITH IN-OFFICE
IV SEDATION/GENERAL ANESTHESIA

I have been informed of, and fully understand, the dental procedure(s) necessary to treat my child, or myself. Though I have been given an estimate, I understand that the treatment time and cost may vary once the treatment begins (treatment variations will be discussed with the patient and/or parent/legal guardian as quickly as possible without interfering with the treatment). Full payment is due on the day of service.

I consent to the administration of sedatives/general anesthesia for myself/my child _____ by Dr. Justin Klanke or his associate in conjunction with the dental procedure(s) scheduled with the Dentist _____. I acknowledge that it has explained to me the sedatives/general anesthetics will be given to reduce fear, anxiety and/or pain associated with the procedure, and to limit activity so dental treatment can be completed safely.

The alternatives to the use of in-office sedation/general anesthesia, as well as advantages and disadvantages of each alternative (no sedation, papoose board, oral sedation, N2O, general anesthesia at the hospital, possibly oral surgeon) have been explained to my satisfaction.

I fully understand that there is a possibility of surgical and/or medical complications developing during or after the procedure and that these may include, but are not limited to, adverse reaction to the sedative/general anesthesia agents, nausea, vomiting, or atypical physiological response that may require hospitalization, further surgical procedures, disability, cardiac or respiratory arrest, aspiration, temporary or permanent nerve damage, damage to the airway, brain damage, life threatening conditions or death, and harm to an undisclosed pregnancy. **I understand that there is a second consent for children under age 5 that relates to anesthesia and brain development.**

I acknowledge that the plan, risks, options and benefits have been discussed and all questions I have asked concerning the anesthetic have been answered to my satisfaction.

I am giving my full and informed consent to treatment to be rendered as described to me, including any treatment based on new findings during the procedure. Very loose primary teeth will be removed to prevent aspiration.

Concerning minors and legal guardianship: My signature is acknowledgement that I am the legal guardian (as acknowledged through the court system) of the minor child and/or for any adult that is in my care and is not capable of understanding informed consent.

I have been given the HIPAA policy and have had a chance to read it.

I verify that nothing has been taken by mouth by my child (or myself as the patient) since midnight, EXCEPT for: (Please list ALL food/liquids/other items taken after midnight):

Items & time for: food _____ liquid _____ other _____

Medications: Total # doses of prednisone _____ clonidine & dose _____ other _____

Patient's name: _____

Signature of parent/legal guardian _____

Relationship to patient _____ Date _____

SAFE SEDATIONS LLC
CHECKLIST FOR DAY OF SURGERY

Justin Klanke, M.D.
Dr. Klanke's Cell: (859) 444-7476
Amy (*office*): 513-309-0853

safesedationsllc@gmail.com
Visit our webpage: www.SafeSedations.com
Login: Safe Password: Sedations

1. **PLEASE FOLLOW NPO (NOTHING BY MOUTH) INSTRUCTIONS, OR RISK RE-SCHEDULING AND LOSING YOUR \$450 DEPOSIT.** ALL WRITTEN INSTRUCTIONS TRUMP ANY VERBAL INSTRUCTIONS. **NO** MILK, ORANGE JUICE, FOOD, GUM, BROTH, ETC ALLOWED AFTER MIDNIGHT. CLEAR LIQUIDS LIKE WATER, APPLE JUICE, GATORADE, OR KOOL-AID ARE ALLOWED *UP TO 3 HOURS BEFORE THE SCHEDULED APPOINTMENT* (includes plain Jell-O, and plain popsicles). **For afternoon appointments:** only emailed or written personalized instructions that would differ from these above instructions are acceptable, and *must* be acknowledged with a return email. They must be followed as written to not risk the loss of the deposit.
2. **IF THE PATIENT HAS ANY SIGNS OF BEING SICK** (RUNNY NOSE, FEVER, COUGH, ER/URGENT CARE VISITS) WITHIN 14 DAYS OF THE APPOINTMENT, **YOU MUST CALL** THE OFFICE AND/OR DR. KLANKE OR HIS ASSISTANT AMY (numbers listed above).
3. HAVE CLEAR LIQUIDS AND SOFT FOOD AT HOME FOR POST-OP: GINGER ALE IS A GREAT ANTI-NAUSEA CHOICE. Other suggestions are Gatorade, Kool-Aid, Jell-O, and popsicles. DO NOT MAKE ANY PROMISES FOR POST-OP FOODS (Like stopping at McDonald's).
4. **YOU MUST HAVE A SECOND ADULT TO SIT BESIDE YOUR CHILD ON THE WAY HOME. THIS IS REQUIRED. IF YOU ARE UNABLE TO HAVE A SECOND ADULT, YOU MUST NOTIFY DR. KLANKE OR RISK RESCHEDULING AND LOSING YOUR \$450 DEPOSIT.** Grandparents are welcome, and very appreciated for being the second adult. Please read the statement for grandparents.
5. Give **all** doses of Prednisone (Prelone or Orapred) if prescribed by Dr. Klanke.
6. DRESS YOUR CHILD IN CASUAL CLOTHES, WITH A LOOSE FITTING SHIRT THAT CAN BE LIFTED FOR EKG PLACEMENT AND MONITORING OF BREATHING. PLEASE DO NOT USE A ONESIE or a dress. Avoid white shirts and dress-up clothes, and keep in mind they will be having dental surgery. BRING A CHANGE OF CLOTHES FOR THE CHILD (occasional wetting while awakening). BRING A COMFORT ARTICLE FOR THE CHILD (favorite blanket or stuffed animal). BRING A BOOK ETC FOR PARENT(S) TO HAVE DURING THE PROCEDURE, AND A SNACK FOR THE PARENT(S) IF YOU HAVE NOT YET EATEN BREAKFAST.
7. **BRING THE RIGHT ATTITUDE.** YOUR CHILD WILL SENSE FROM YOU HOW TO RESPOND. PLEASE LEAVE HIGH ANXIETY AT HOME. HAVE A MATTER-OF-FACT ATTITUDE LIKE, "***THIS IS NOT A BIG DEAL***". *Parents, you are an important part of the formula for success.*
8. No videos or photos during the interaction with Dr. Klanke or during the induction/start of the sedation.
9. Please, no tattoos on the hands, as it may make it difficult to find an IV (intravenous site).
10. WE STRIVE TO KEEP ALL APPOINTMENTS ON TIME, BUT PLEASE UNDERSTAND THAT SOMETIMES DELAYS CANNOT BE AVOIDED.

SIGNATURE _____

DATE _____

***SAFE SEDATIONS LLC
JUSTIN KLANKE MD***

PEDIATRIC POST OPERATIVE INSTRUCTIONS

Dr. Klanke's cell: (859) 444-7476

Amy (office): (513) 309-0853

Visit our webpage: www.safesedations.com

Login: Safe

Password: Sedations

1. Your child will wake up at the end of the dental procedure. He/she will still be drowsy. Most children wake up smoothly, however, it is normal for some children to be fussy. Soon after the procedure, you and your child will be re-united. You will be discharged when your child can talk and stand up with help, but occasionally a child may need to stay longer if there are concerns from the recovery staff or parent to warrant more recovery time.
2. On the way home, **an adult (or responsible teenager) must sit beside your child in the back seat.** Your child should be restrained in an age appropriate car seat, booster seat, or seat belt. If your child falls asleep in the car, make sure the **chin is lifted up and not in a chin-to-chest position.** This will keep their airway open.
3. When you arrive home, your child can sleep, but not in a room where they cannot be seen. He/she should be in a room like the living room where you can watch him/her.
4. At home, start with clear liquids like Gatorade, Kool-Aid, 7-Up, or apple juice. Avoid dairy and plain water for an hour. Ginger ale has natural anti-nausea properties. Soft food can be added next. Later, your child can progress to a regular meal as tolerated.
5. For the remainder of the day, do not let your child do activities that require coordination, such as riding a bike, climbing, swimming, sledding, trampolines, etc. Also, they should not participate in sport, church, or school activities.
6. If your child vomits, refrain from offering food and drinks for one hour. Start again with sips of clear liquids/ ginger ale. If vomiting persists, call Dr. Klanke.
7. Some children will get a flushed face and possibly a low grade fever, especially if they are up and running around. If this happens, allow them to rest; a cool cloth to the face will help. Contact Dr. Klanke if your child develops a temperature higher than 101°F, if there is swelling of the mouth or airway, or if you have any other concerns. If the temperature is 101°F place your child in a tub of warm water and get their head and hair wet, this is the best way to loose body heat.
8. Your child will receive a dose of ketorolac at the end of the procedure (unless you are told otherwise). If pain medications are needed, your child may receive an age-appropriate dose of acetaminophen as soon as he/she is tolerating oral intake. **YOU MUST WAIT 6 HOURS FOR ANY IBUPROFEN OR SIMILAR NSAIDS (due to ketorolac given).**
9. Please ask any questions that you or your child may have. We want this to be a safe and pleasant experience for both you and your child. Don't hesitate to call or text Dr. Klanke with any questions.

Thank you very much for entrusting our team to care for your child

Sincerely, Justin Klanke & all at Safe Sedations 😊

Safe Sedations LLC
Justin Klanke MD
Fee Schedule and Explanation

- * Deposit of \$450 to schedule. It is non-refundable for cancellations of less than 3 business days, no-shows, not having two adults or making arrangements for another driver, NPO violations (not following the eating and drinking rules), or not giving or taking prescribed medications. Exceptions include illness with MD excuse, severe weather, and family death. Final decision will be per Dr. Klanke.
- * First hour \$985. Every additional 15 min increment, or part of a 15 min increment is \$105. Until 2 hours then add \$150 for each additional 15 min increment, or part a of 15 min increment.
- * **The total fee balance is due at the completion of the dental procedure. The total fee listed is all-inclusive for the anesthesia care (includes all pre-op and post-op care, all calls/texts, anesthetics & related supplies).**
- * Dr. Klanke can provide insurance forms for you to file with your insurance company upon request.
- * Some procedures like one tooth extraction might have a lower fee.
- * Consultation fee for more complex care can be up to \$100 additional (would be discussed directly with you if applicable).
- * Behavioral management fee for unusual behavioral situations can be up to \$100 additional (would be discussed directly with you if applicable).
- * Failure to return Pre-Op Questionnaire 5 days before surgery may result in scheduling concerns, including the risk of cancellation.

Summary

Down Payment	\$450
First Hour/Minimum	\$985
Additional 15-minute increments	\$105 per any part of a 15 minute increment, @2 hours add \$150 per any part of a 15 minute increment

Rates

Deposit	\$450 paid to have an appointment secured on schedule
One Hour	\$985
One Hour and 15 minutes	\$1090
One Hour and 30 minutes	\$1195
One Hour and 45 minutes	\$1300
Two Hours	\$1450
Two hours and 15 minutes	\$1600
Two hours and 30 minutes	\$1750, for each 15 min more add \$150

Increased Weight Fees

Over 75 pounds	\$50
Over 100 pounds	\$75
Over 125 pounds	\$100

Additional Fees

Complex Patients	Add up to \$100
Adult cases	Could have additional charges

Revised 02/20

Remember to watch the videos; go to www.safesedations.com video tab, login 'Safe' pw: 'Sedations'