

## **SAFE SEDATIONS LLC PEDIATRIC INFORMATION SHEET**

**Viola Devany, M.D. SafeSedations@aol.com**

**Dr. Devany's Cell: (937) 974-4686**

**Visit our webpage: [www.SafeSedations.com](http://www.SafeSedations.com)**

**Lisa (office): (937) 974-2960**

**Login: Safe Password: Sedations**

*Your dentist has recommended dental treatment for your child to be performed during IV sedation/general anesthesia with Dr. Devany. Dr. Devany is a Physician Anesthesiologist, Board Certified in both pediatrics and anesthesiology. She has 30 years experience in Pediatric Anesthesiology, and 18 years experience in Office Based Anesthesia. She will provide anesthesia services for your child while the dentist performs the dental procedures. This service is done at your dentist's office. In order to better care for your child and to maximize safety, Dr. Devany has arranged a protocol to follow:*

- 1. You have received an information sheet, consent, Pre-op Questionnaire, Post-Op Instructions, HIPAA Form, Parent Checklist, Fee Schedule, and a Compliance Form. Read and sign the Compliance Form at the time of scheduling. Read it very carefully. Read the Consent but do not sign them until you have spoken to Dr. Devany or her assistant, and had all your questions answered. Visit the website for videos and answers to many questions. Turn paper work in one week before sedation to avoid additional fees.*
- 2. Dr. Devany or her assistant will call you one to two days before the scheduled time to discuss all the information you have provided, and to review the plan, risks, and options with you. She will be glad to answer any questions you have.*
- 3. Some patients will be required to have their physician complete a routine history and physical form. If your child has a history of asthma, reactive airway disease, recurrent pneumonia, croup, or if your child is recovering from or has an active cold, please contact Dr. Devany three to four days before the appointment. Also, please contact her early if your child has a strong history of snoring or large tonsils. If you anticipate that it will be difficult to contact you by phone, please contact Dr. Devany yourself. No anesthetic services will be provided without a phone interview first.*
- 4. Your child will not be able to have any food after midnight the night before the procedure. He or she can have clear liquids (water, Kool-Aid, Gatorade, apple juice, regular Jell-O, or regular popsicles) up to three hours before the appointment time. **DO NOT GIVE MILK, ORANGE JUICE, GUM, CANDY, BROTH, ETC.** This is very important; see the Compliance Form. The only exceptions to the NPO rules are given in writing via email. Any verbal instructions you think you have received that differ from the written instructions here, or in an email, are trumped by all written instructions. Parents should eat their own breakfast away from your child. You cannot leave the building premises after the procedure starts while your child is anesthetized. No videos or photos of the sedation process, please.*
- 5. Have your child wear comfortable, loose clothes, and bring an extra set for your child in the event that there is an "accident." A few patients have wet themselves. No dress clothes, please.*
- 6. Bring another adult so that one of you can sit beside your child on the ride home. This is required and you must have specific permission from Dr. Devany to come without the additional adult. Please see the Compliance Form.*
- 7. Plan to arrive at the office 20-30 minutes before the appointment. We strive to keep appointments on time, but just as with any surgery, the appointment time should be considered a guideline. It is not uncommon for one patient's appointment to be longer than anticipated and this may cause a delay in start times for subsequent patients.*
- 8. Have some clear liquids at home for the first "meal". Ginger Ale has anti-nausea qualities.*
- 9. All special needs patients over 18 must have legal guardianship papers from the court system.*

**Safe Sedations, LLC**

**Viola Devany, M.D.**

**Pediatric Pre-Op Health Questionnaire**

Patient's name: \_\_\_\_\_ Nickname \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Dentist or Dental Office \_\_\_\_\_ DOS \_\_\_\_\_

Patient's age: \_\_\_\_\_ Patient's DOB: \_\_\_\_\_ Patient's weight: \_\_\_\_\_ Adopted \_\_\_\_\_

Is there a history of:

Yes No

1. Pre-term \_\_\_\_\_

If yes, how many weeks: \_\_\_\_\_

2. Lung disease or are prone to – asthma, croup, recurrent bronchitis, wheezing, recurrent pneumonia, ANY HISTORY EVER? \_\_\_\_\_

When was the last episode? \_\_\_\_\_ Medications: \_\_\_\_\_

Hospitalizations, ER visits: \_\_\_\_\_

3. Sinus infections \_\_\_\_\_

How often do they occur and when was the last one? \_\_\_\_\_

4. Heart disease, heart murmur \_\_\_\_\_

5. Seizures \_\_\_\_\_

Medications: \_\_\_\_\_

How often are seizures and what type? \_\_\_\_\_

6. Musculoskeletal disease /pectus excavatum/scoliosis etc. \_\_\_\_\_

7. Anemia \_\_\_\_\_

8. Large tonsils or mouth breather \_\_\_\_\_

Snoring ANY HISTORY EVER, EVEN IF ONLY WITH COLDS \_\_\_\_\_

Does it sound like your child sometimes stops breathing or pauses? \_\_\_\_\_

9. Gastrointestinal problems – reflux, hepatitis, HIV \_\_\_\_\_

Please list: \_\_\_\_\_

10. CURRENT MEDICATIONS: \_\_\_\_\_

Supplements: \_\_\_\_\_

11. ALLERGIES including allergy to latex, food, ECZEMA \_\_\_\_\_

List allergies: \_\_\_\_\_

12. Previous surgery or anesthesia: \_\_\_\_\_

Please list any problems: \_\_\_\_\_

Previous dental sedation or failed sedations \_\_\_\_\_

13. Family history of anesthesia problems, difficult IV access, malignant hyperthermia? \_\_\_\_\_

14. Family history of muscular dystrophy or other muscular diseases, skeletal abnormalities like pectus excavatum \_\_\_\_\_

15. Any other medical problems \_\_\_\_\_

Eczema or others please list: \_\_\_\_\_

16. Smokers in patient's life \_\_\_\_\_

Ever smoke in the home/car \_\_\_\_\_

17. Neurological development or Psycho-social issues like Autism Spectrum, ADHD, MRDD, CP, OCD, ODD, anxiety, depression? Describe: \_\_\_\_\_

18. Reason for sedation (anxiety, bad experience, etc.) \_\_\_\_\_

Describe your child's temperament (e.g. calm, dramatic) \_\_\_\_\_

Describe your child's typical or worst dental visit \_\_\_\_\_

19. ANY & ALL phone numbers for pre- and post-op contact by Dr. Devany \_\_\_\_\_

20. Is a parent a medical professional (RN, MD, EMT)? \_\_\_\_\_

21. Are parents divorced, separated, single, remarried, etc.? \_\_\_\_\_

22. Who does the child sleep with? \_\_\_\_\_

23. Who filled out this questionnaire? \_\_\_\_\_

Office notes only below this line \_\_\_\_\_

Date: \_\_\_\_\_ Parent: \_\_\_\_\_ NPO: \_\_\_\_\_ Clear liquids: \_\_\_\_\_ Rx# \_\_\_\_\_

Prelons: \_\_\_\_\_ Other instructions: \_\_\_\_\_ PROQ#: \_\_\_\_\_

2 Adults: \_\_\_\_\_ Interviewer: \_\_\_\_\_

**SAFE SEDATIONS LLC**  
**Viola Devany, MD**  
**POLICY FOR GRANDPARENTS**

*We love grandparents and we understand how much you love your grandchild. Your devotion is apparent by the fact that you're here today. Dr Devany provides safe, compassionate anesthesia care in the office setting. She has taken every precaution for your grandchild's safety.*

*Dr Devany needs to place an intravenous line at the beginning of the case. Most physicians will start with a shot. But for compassion's sake, Dr Devany developed a highly successful plan (plan A) that more than 90% of the time eliminates the need for a shot (plan B).*

*For the best possible chance for success with Plan A, Dr Devany needs to develop a rapport of trust with your grandchild.*

*This is how you can help promote Plan A, and reduce the chance of starting with a shot (Plan B).*

- *Come with the attitude that this isn't a big deal; that "all is well."*
- *If you are with your grandchild when Dr Devany meets him/her or starts her talk with them, don't pull your grandchild onto your lap and/or hold him or her tight.*
- *Allow Dr Devany to talk with your grandchild without interrupting, interpreting what she says, or answering for your grandchild.*
- *When it is time to separate from your grandchild please become essentially invisible - don't ask for a kiss; give a kiss or stop for hugs, or "I love you". All of these affectionate gestures interrupt the flow of "energy" for moving in the direction of the dental chair and often end up with tears or clingy behavior and almost guarantee Plan B (shot).*

*Thank you for helping us deliver the most kind compassionate care possible.  
Thank you trusting us.*

*Viola Devany MD*

*Revised 2017*

**SAFE SEDATIONS LLC**

**VIOLA DEVANY 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 for you the night before the procedure in a phone call from Dr. Devany or her 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. Devany before cancelling for illness.

**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 \$400 is non-refundable.**

Exceptions to this rule:

Some late afternoon appointments might be given additional options. This is *only* if Dr. Devany or her 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. Devany, 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:** \_\_\_\_\_

Revised 2017

**SAFE SEDTIONS LLC**  
**VIOLA DEVANY 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 parent/legal guardian as quickly as possible without interfering with the treatment).

I consent to the administration of sedatives/general anesthesia for myself/my child \_\_\_\_\_ by Dr. Viola Devany or her associate in conjunction with the dental procedure(s) scheduled with the Dentist \_\_\_\_\_. I acknowledge that it has explained to me that 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) 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.

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 \_\_\_\_\_ food \_\_\_\_\_ liquid. Please list all food/liquids taken after midnight.  
\_\_\_\_\_ time \_\_\_\_\_

Patient's name \_\_\_\_\_  
Signature of parent/legal guardian \_\_\_\_\_  
Relationship to patient \_\_\_\_\_ Date \_\_\_\_\_  
Revised 2017

# ***Safe Sedations LLC***

***Viola Devany MD***

## ***HIPAA Privacy Promise***

Dr. Viola Devany M.D., and everyone with Safe Sedations LLC share your concerns about privacy. We take them 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. Devany, her 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. Devany at safesedations@aol.com. *Statement*



**SAFE SEDATIONS LLC**  
**Viola Devany MD**

**PEDIATRIC POST OPERATIVE INSTRUCTIONS**

**Dr. Devany's Cell: (937) 974-4686**

**Visit our webpage: [www.SafeSedations.com](http://www.SafeSedations.com)**

**Lisa (office): (937) 974-2960**

**Login: Safe**

**Password: Sedations**

- 1. Your child will wake up at the end of the dental procedures. He/she will still be drowsy and drunk-like. Most children wake up smoothly, however, it is normal for some children to be fussy. You will be able to hold your child during this time. Soon, you and your child will be able to go home. You will be discharged when your child can talk and stand up with help.**
- 2. On the way home, an adult should 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 bedroom 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 it happens again, call Dr. Devany.**
- 7. Some children will get a flushed face, especially if they are up and running around, or a low grade fever. This is due to one of the medications. If this happens, quiet them down; a cool cloth to the face will help. Contact Dr. Devany 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. 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 Dr. Devany with post op questions.**

***Viola Devany, M.D.***

***Safe Sedations, LLC***

[safesedations@aol.com](mailto:safesedations@aol.com)

[www.safesedations.com](http://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](http://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 \_\_\_\_\_



# Viola Devany, MD Safe Sedations LLC

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Safe sedations fee schedule: beginning February 4, 2020

Deposit	\$450	paid before placed on the schedule (see note below)
First hour	\$985	
One hour 15 mins	\$1090	the fee for 15 minutes is for any part of a 15 min segment
One hour 30 mins	\$1195	
One hour 45 mins	\$1300	
Two hours	\$1450	
Two hours 15 mins	\$1600	
Two hours 30 mins	\$1750	
Two hours 45 mins	\$1900	
Three hours	\$2050	

Any medical complex patient add \$100      examples 2 or 3 year old with respiratory history,  
or any condition that is being seen by a specialist, unusual medical condition

Behavior management fee add \$100 any intense interactions that requires additional consultation

Weight over 75#	add \$50
Over 100#	add \$75
Over 120#	add \$100

Accept Visa, Mastercard, Discover, Care Credit, Cash, Checks

Deposit is non -refundable for cancellations within a 3 business day window without a doctor's  
excuse, or Dr Devany's /associate approval

Deposit can be forfeited And risk cancellation.  
for NPO violations, not taking any premedications ordered by Safe Sedations,, not having two  
adults (or plans for uber or taxi),  
that could mean: to reschedule a new deposit would be required

**Balance of payment is expected in full on day of service.**