



Grand Avenue Dental Care

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POST-SEDATION INSTRUCTIONS

1. Patient should not drive a motor vehicle for 24 hours after sedation.
2. Do not operate any hazardous devices/machinery for 24 hours after sedation.
3. A Responsible adult person should be with the patient until he/she has fully recovered from the effects of the sedation.
4. Patient should not go up and down stairs unattended. Whenever possible, have the patient stay on the first floor until recovered.
5. Patient should resume normal eating and drinking after the sedation appointment, unless otherwise instructed by the dentist.
6. The patient needs to drink plenty of water post-operatively to prevent dehydration and to prevent the "hang-over" of sedation medications.
7. After leaving the dental office, patients should not be left unattended. Patients may seem normal and recovered, but the effects of the medication can last for several hours after the appointment has ended. Do not allow the patient to make important decisions for the remainder of the day following his/her sedation appointment.
8. Always hold patient's arm when walking as they may have problems with balance while under the effects of the sedative medications.
9. Call the office if you have any Questions or concerns. If you feel that your symptoms warrant a physician and you are unable to reach us, go to the nearest emergency room immediately.

FOLLOWING MOST SURGICAL PROCEDURES THERE MAY OR MAY NOT BE PAIN. YOU WILL BE PROVIDED WITH MEDICATION FOR DISCOMFORT THAT IS APPROPRIATE FOR YOU. IN MOST CASES, A NON-NARCOTIC PAIN REGIMEN IS RECOMMENDED CONSISTING OF *ACETAMINOPHEN* (TYLENOL®) AND *IBUPROFEN* (ADVIL®). THESE TWO MEDICATIONS **TAKEN TOGETHER**, CAN BE AS EFFECTIVE AS A NARCOTIC WITHOUT ANY OF THE SIDE AFFECTS. IF A NARCOTIC HAS BEEN PRESCRIBED, FOLLOW THE DIRECTIONS CAREFULLY AND **DO NOT TAKE ANY ADDITIONAL *ACETAMINOPHEN* (TYLENOL®) IF TAKING THE NARCOTIC**. ANY QUESTIONS ABOUT THESE MEDICATIONS INTERACTING WITH OTHER MEDICATIONS YOU ARE PRESENTLY TAKING, PLEASE CALL OUR OFFICE, YOUR PHYSICIAN AND/OR YOUR PHARMACIST.

Companion Signature_____