



Consent for Self Administration of Nitrous Oxide

Name: _____ DOB: _____ Date: _____

I hereby authorize self-administration of Nitrous Oxide through the PRO-NOX system for the purpose of pain and anxiety control during my procedure.

PRO-NOX is a self-administered (under the supervision of medically trained staff), quick onset, fixed 50% nitrous and 50% oxygen pain management system with short duration of effect. It is generally metabolized and out of your system within minutes of discontinuing, and therefore you are able to regain complete mental and physical function quickly.

The risks and benefits of inhaled nitrous oxide for pain and anxiety control have been explained to me as have alternative forms of pain control options. Although no severe complications have been reported with this device and type of analgesia, the risks could include headache, euphoria, decreased mental and physical awareness and control, device malfunction and potential overdose, failure of effect, and other unforeseen problems.

I understand that some possible side effects of nitrous oxide include: dizziness, nausea, light-headedness, and unsteadiness. I understand that I should wait 10 minutes after the last use of nitrous oxide before driving a car or operating any type of machinery.

I understand that using nitrous oxide may make me unsteady and that if I need to get off the procedure table, I will do so only with assistance.

I understand that nitrous oxide has been safely used throughout the world for pain and anxiety management for many decades, and continues to be used worldwide today. I also understand that the risks for nitrous oxide use are the same risks that exist for virtually all other pain-relieving medications.

I understand that there are several contraindications for use of Nitrous Oxide through the PRO-NOX system. They are listed below.

Aegean Medical at Crystal Coast Pain Management & Azura Skin Care Center

www.aegeanmedical.com

252-617-7234

