CENTRAL MINNESOTA DERMATOLOGY

Pro-Nox Nitrous Oxide Delivery System Consent Form

I hereby authorize the healthcare professionals at Central Minnesota Dermatology to provide me with nitrous oxide mixed with oxygen through the Pro-Nox system for the purpose of pain and anxiety control during my procedure.

Pro-Nox is self-administered (under supervision of staff), quick onset, fixed 50% nitrous oxide 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 can regain complete mental and physical function quickly and drive a vehicle.

Pro-Nox is FDA-approved for in-office use and requires no special anesthesia license or training to administer. It is proven effective and safe. The safety features include constant 50/50 nitrous oxide/oxygen mix to ensure no overdose of sedation, an internal "on-demand" valve for patient control (patient self-control), superior infection control through a single-patient use circuit with one-way valve, audible and visual low gas alarms, and safety shut off when gas pressure is too low to deliver the correct mix.

Studies have shown that it is non-addictive but sufficient for decreasing anxiety and discomfort during certain procedures and decreasing the need for other pain medicine. It is used in aesthetics, dermatology, plastic surgery, vascular surgery, non-invasive procedures, OBGYN, birth centers, orthopedics, pain management, regenerative medicine, urology, and more as a great alternative for pain management.

The risk and benefits of inhaled nitrous oxide for pain and anxiety control have been explained to me as alternative forms of pain control options. Although no complications have been reported with this device and type of anesthesia, the risk could include headache, euphoria, decreased mental-physical awareness and control, device malfunction (never reported) and potential overdose, failure to effect, and other unforeseen problems. We have never seen any of these problems but are required to disclose them.

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 using Pro-Nox before driving a vehicle.

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

I agree to hold the mouthpiece/mask with and without assistance from others.

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 risk for nitrous oxide use are the same risks that exist for virtually any other pain-relieving medications that I may choose to use during my procedure.

I understand, agree to the above, and wish to use the Pro-Nox nitrous oxide delivery system during my procedure and consent to the administration of the medicine myself.

I understand from _____ that there are several contraindications for use of nitrous oxide through the Pro-Nox system. They are listed below.

Contraindications

- Hypersensitivity to nitrous oxide mixtures
- Head injuries with impaired consciousness
- Maxillofacial injuries
- Artificial, traumatic, or spontaneous pneumothorax
- Air embolism
- Middle ear occlusion, ear infection
- Eye surgery with intraocular gas injection within the last 6 weeks
- Decompression sickness
- Severe abdominal distension secondary to intra-abdominal air/intestinal obstruction
- Inability of patient to follow directions
- Inability of patient to hold own delivery device (mouthpiece or mask)

I acknowledge that I do not have any of these conditions and consent to the use of Pro-Nox for my procedure today and in the future.

_____ _____

Signature of Patient or Legal Agent/Guardian Date

_____ _____

Signature of administrator of Pro-Nox Date