



Nitrous Oxide Disclosure & Consent Form

You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to worry or alarm you; it is simply an effort to make you better informed, so you may give or withhold your consent to the procedure.

Nitrous oxide (also known as “laughing gas”) is a colorless, odorless gas that is used during procedures for relaxation and anxiety relief. It is opioid-free and non-addictive. When inhaled, it can induce feelings of euphoria and sedation. It also can produce sensations of drowsiness, warmth and tingling in the hands, feet and mouth. It will not induce unconsciousness in the office setting. You will be able to swallow, talk and cough as needed. Sedation with nitrous oxide has limitations and risks, and absolute success cannot be guaranteed. You will be able to rationally respond to questions and directions. For some people nitrous oxide sedation may not calm them adequately to allow a medical procedure to be done. These people may require referral for other sedation techniques.

Contraindications

Let us know if you have any of the following medical conditions, as we may not be able to safely use nitrous oxide:

Please check yes or no to the following:

- Yes No Chronic opioid use (including OUD, chronic opioid therapy, MAT)
- Yes No Decreased oxygenation
- Yes No Recent ophthalmic procedure or retinal surgery
- Yes No Severe congestive heart failure
- Yes No Severe Coronary artery disease
- Yes No Severe COPD or emphysema
- Yes No Air embolism
- Yes No Pneumothorax
- Yes No Recent pneumoencephalogram
- Yes No Intracranial air
- Yes No Lung cysts or bullous lung disease
- Yes No Active sinus or middle ear problems
- Yes No Pulmonary HTN
- Yes No Bowel obstruction
- Yes No History of chemotherapy with bleomycin (at any time)
- Yes No Sickle cell anemia
- Yes No Pregnancy in the first trimester
- Yes No Decompression sickness
- Yes No Head injury or intracranial mass lesions
- Yes No Anemia of unclear etiology
- Yes No Elevated MCV on routine CBC
- Yes No Prior gastrectomy or gastric bypass surgery
- Yes No Known or suspected B12 deficiency, untreated
- Yes No Received IV opioids within the last 2 hours
- Yes No Uncontrolled or clinically significant cardiac arrhythmias
- Yes No Severe valvular heart disease
- Yes No Increased intracranial pressure



- Yes No Increased intraocular pressure
- Yes No Extensive bowel resection (e.g., Crohn’s disease)
- Yes No Recent trauma creating risk for trapped gas
- Yes No Pregnancy in the **second trimester**

I, _____, understand the risks, benefits, and alternatives of using nitrous oxide for pain management during my procedure. I elect to use this form of patient-controlled analgesia (pain management) at this time. I understand that nitrous oxide does not completely eliminate all sensations of discomfort.

I acknowledge that potential side effects of nitrous oxide include dizziness, lightheadedness, nausea, vomiting, and drowsiness. I understand that nitrous oxide may cause temporary unsteadiness, and I will only use nitrous oxide while seated or lying down. If I need or wish to get up, I will do so only with assistance from Vermont Gynecology’s clinical staff or a support person.

I understand that I may discontinue use of nitrous oxide at any time during the procedure by voluntarily removing the mask.

I agree to hold the mask myself and will not permit anyone else to hold it to my face, nor will I use any external devices (such as pillows, straps, or other supports) to maintain the mask in position.

I understand that only I may use the mask provided. If anyone else attempts to use or hold the mask, they will be asked to leave the room, and nitrous oxide will no longer be available for my use. Failure to comply will result in immediate discontinuation of nitrous oxide administration.

I understand that I need to always exhale back into the mask.

I understand that although there are theoretical risks associated with nitrous oxide, it has been safely used worldwide for procedural pain control for many decades and is considered safe at this time.

I understand that nitrous oxide use is not billable to insurance and that I am responsible for payment of a \$150 out-of-pocket fee for this service. I agree to pay this fee in full on or prior to the time of service.

I have had the opportunity to ask questions about nitrous oxide use. All my questions have been answered to my satisfaction. I understand and agree to the information above and consent to the use of nitrous oxide for pain management during this procedure.

Contraindications Acknowledgment

I acknowledge that my provider has reviewed the contraindications to nitrous oxide use with me. I attest that I have disclosed my medical history, medications, and relevant conditions truthfully and to the best of my knowledge. I understand that failure to disclose relevant information may increase my risk of adverse effects.

Patient Printed Name: _____ **Date of Birth:** _____

Patient Signature: _____ **Date signed:** _____

Provider Signature: _____ **Date signed:** _____