



**BAY ANESTHESIA
GROUP**

THE CARE YOU NEED. WHERE YOU NEED IT

Phone (650) 282-4171

Fax (650) 282-4187

info@bayanesthesiagroup.com

www.bayanesthesiagroup.com

Instructions and Guidelines for Pediatric Patients

Please read the following instructions regarding your anesthesia care. Careful adherence to these instructions will allow us to provide the safest care possible.

Required Steps

1. Fill out the Health History Questionnaire. This information allows us to develop a plan that is most appropriate for your child's needs. Even if you still have questions regarding anesthesia, we will be able to better answer your questions with this information completed. You should receive an email invitation from OnPatient to fill out the forms. (Please remember to register with your CHILD's Name & DOB.) Alternatively, the forms can be found under the 'Payments and Forms' tab on our website. They can be returned to your dental office or directly to our office by one of the following ways: email: info@bayanesthesiagroup.com, fax: (650) 282-4187 or clear photos texted to (650) 282-4171.
2. Review the Consent for Treatment. This will be signed electronically via OnPatient, or you may choose to sign on the day of treatment.
3. Complete the Check-In Process. After you have completed the required Health Forms & Deposit, our office will review your child's health history and clear them for anesthesia. We will then reach out to you by text with all pre-op instructions and eating and drinking guidelines for the day of their procedure. It is IMPERATIVE that you read these messages thoroughly and respond as requested. You will then have an option to receive a phone call from our care team to answer any remaining questions or discuss the anesthesia process in further detail, if you wish. Your check-in process should be completed a minimum of 7 days prior to the day of treatment to ensure your child's safety. If you have not received a text or call from our office within two business days of setting up your child's appointment at your dental office, please contact us directly at (650) 282-4171.

Financial information

A non-refundable \$300 deposit is due at the time of scheduling. This will secure your child's scheduled appointment. Your deposit may be completed on our website at: <https://bayanesthesiagroup.com>. Anesthesia fees are due IN FULL on the day of the procedure, and will be automatically charged to this same card, unless prior arrangements are made. By signing this document, you authorize Bay Anesthesia to submit payment to your credit card for any remaining balance due on or after the date of service, until the balance is paid in full. Please contact our office if you wish for an estimate of anesthesia fees.

- Bay Anesthesia Group is a PRIVATE, FEE FOR SERVICE practice and does **NOT** accept insurance. Upon request, we can provide you with an itemized receipt and a copy of the anesthesia

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record, from the day of treatment, that you may submit directly to your insurance company for potential Out of Network reimbursement. We do not guarantee that you will receive reimbursement from your insurance company. Please contact your carrier directly, for any questions regarding your coverage, their payment policies, and reimbursement procedures.

- I attest that I am not a TriCare patient or TriCare beneficiary.
- I attest I am not currently enrolled in a MediCal program.
- Generally, the anesthesiologist will require up to an additional 15 minutes before the dentist can begin treatment and up to an additional 15-20 minutes after the dentist completes treatment. When estimating your anesthesia cost, be sure to account for this anesthesia time in conjunction with the dental time. Anesthesia rates will be reviewed during your pre-operative call or you may request a breakdown of the rates by email.

Other important information

Please read the attached Pre-Anesthesia Instruction form and follow the instructions explicitly. Violation of any of these instructions or other specific instructions from your anesthesiologist may result in the cancellation of your appointment and forfeiture of your deposit.

Please arrive promptly the day of your child's procedure. We will be conducting a thorough physical examination and it is important we have enough time to complete this preanesthetic examination. Late arrivals are subject to rescheduling of the procedure, and may result in the forfeiture of your deposit.

Additional payment policies can be found on our website at <https://www.bayanesthesiagroup.com/>.

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PRE-ANESTHESIA INSTRUCTIONS FOR PEDIATRIC PATIENTS

We are here to provide a comfortable experience before, during and after your child's treatment. These instructions are designed with your child's safety and wellbeing in mind. Neglecting any of the following may lead to your case being postponed or canceled without a refund or transfer of your deposit. Please do not hesitate to contact us with any questions or concerns you may have.

9 or More Hours Before the Procedure

Your last meal must be completed at **LEAST 9 hours** prior to your appointment. For most patients, this meal is dinner. Any dinner foods you would normally enjoy are permitted. Examples would be: meat, eggs, bread and pasta.

7 or More Hours Before Procedure:

A **Light Meal** is permitted but may **ONLY** include the following: Fruits, vegetables, apple sauce, yogurt, milk, oatmeal, cereal, toast, clear broth, plain rice and baby formula.

2 or More Hours Before Procedure:

CLEAR FLUIDS and **Approved Medications** are permitted. **ONLY** the following fluids are permitted: Water, black coffee (NO creamer or sugar), apple juice, 7up/Sprite, Ginger Ale, Gatorade or Pedialyte. **NO MILK**. Light Colored Jell-O and Otter Pops are also permitted (*Nothing **RED** in color please).

****If Your Child's appointment is scheduled in the Afternoon or Early Evening:** We highly encourage your child to hydrate with **Clear Fluids** or **Jell-O** up to **2 hours** before their procedure time!

**** PLEASE REFER TO THE EATING & DRINKING GUIDELINES BEFORE ANESTHESIA FOR DETAILED INFORMATION****

Escort: All sedation and anesthesia patients must be accompanied to and from the appointment by a responsible adult. The responsible adult should remain in the office during the appointment unless authorized by the practitioner. For the safety of the patient, the responsible adult must remain in the designated waiting area during treatment time. Office staff will escort the responsible adult back to the treatment area once the anesthesiologist deems it is safe, to be present for recovery. Upon release, the patient must be driven home by the responsible adult (public transportation or cabs are not acceptable).

Clothing and makeup: Casual and comfortable clothing, with short sleeves, and in two pieces, is recommended for easier and more effective placement of monitors. Contact lenses must be removed before the appointment. Facial piercings should also be removed prior to the surgery. Do not wear fingernail polish or use moisturizer on your trunk and arms on the day of the appointment. For children, a change of clothes is recommended.

Change in health: A change in your health, especially the development of a cold or fever, is very important. For your safety, you may be rescheduled for another day. Please inform the doctor of any change in your health prior to your appointment.

School & Day Care: Patients should be kept home from School or Day Care on the day of their procedure in order to ensure they have abided by the strict food & drink guidelines for their procedure. This is imperative to their safety under anesthesia.

After surgery and anesthesia, please be prepared to have a responsible adult caregiver for the remainder of the day. Rest at home and avoid driving, hazardous tasks, making any important decisions, and working for at least 24 hours.

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POST-OPERATIVE INSTRUCTIONS FOR PEDIATRIC PATIENTS UNDERGOING GENERAL ANESTHESIA

your child has undergone general anesthesia in addition to dental procedures today. Please read and follow the instructions listed below for the remainder of the day to maximize safety for your child.

1. Do not leave your child unattended for the next 6 to 8 hours. The medication your child has received today may continue to have lasting effects THAT MAY VARY for this time period. Although your child has met adequate discharge criteria before leaving the dental office, occasionally factors such as food intake, changes in environmental stimulation, resolution of pain and other factors may cause your child to be somewhat sleepy or uncoordinated. Check on your child periodically if he/she falls asleep. It is normal for a child to want to rest for the remainder of the day, however, it is important to be extra attentive that your child's head position facilitates ease of breathing. This means your child's chin should not be dropped down to the chest, as this may obstruct the airway.
2. Do not allow your child to participate in physically demanding activities (sports, etc.). Although your child may appear to be fully awake and alert and requesting to participate in such activities, coordination and the ability to react and respond during physical activity may continue to be impaired and lead to unintended injuries.
3. It is recommended that clear liquids are given or offered as soon as possible as your child requests and tolerates it. Other liquids and food should be advanced as the child tolerates it. Sometimes, your child may vomit or become nauseous as food and liquid are given. If this occurs, rest, and resume with clear liquids. Encourage as much fluid intake as possible throughout the day as this will help your child recover from the medications he or she has received. **IT IS IMPORTANT THAT YOUR CHILD NOT BECOME DEHYDRATED.** The lasting effects of the medications combined with a state of dehydration is a dangerous situation.
4. Pain control strategies will have been discussed prior to discharge. It is important to follow these instructions carefully. Typically, over the counter acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) are okay to consume as directed by the manufacturers recommendations as needed for pain.
5. As long as your child's mouth is still numb from the local anesthetic you should not give hot beverages or hard food. Similarly, watch for lip/cheek/tongue biting or picking around the mouth. The patient may not feel that s/he is traumatizing the tissues of the mouth and an ulcer could develop. The numbness generally lasts 3-4 hours.

Your anesthesiologist's direct phone number is listed below. If they cannot be reached, you can call our 24-hour line and follow the prompts to connect with our on-call doctor. Please call if any of the following are observed:

1. Your child still appears sleepy and lethargic and 'not normal self' after 6 hours
2. Persistent nausea or vomiting (vomiting once or twice is normal, but extended bouts of vomiting is not normal)
3. Your child begins to behave strangely
4. There is persistent, excessive bleeding
5. Your child develops a high fever (above 100 degrees F) or rash
6. Your child continues to experience pain that is not relieved by over-the-counter medication

CALL 911 IMMEDIATELY if you observe the following:

1. Your child is unresponsive – unable to be awakened or will not follow commands
2. Your child has difficulty breathing
3. Your child has a seizure
4. IF YOU ARE CONCERNED ABOUT THE IMMINENT SAFETY OF YOUR CHILD

Bay Area/Northern California:

Dr. Philip Yen (408) 823-0944
Dr. Andrew Young (909) 538-9101
Dr. Ryan Cheung (415) 812-0503
Dr. Janice Huang (909) 851-2927
Dr. Arielle Freed (626) 696-9973
Dr. MC Ho (412) 927-7937
Dr. Goutam Krish (805) 791-1454
Dr. Vivien Lee (702) 996-7521

Los Angeles/Southern California:

Dr. Michael Alanes (323) 553-0055
Dr. Taylor Chock-Wong (805) 807-9243
Dr. Philip Yen (408) 823-0944
Dr. Andrew Young (909) 538-9101

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Confirmation of Receipt of Pre-Operative Instructions and Guidelines

I have thoroughly read the above pre-operative instructions, including the food and drink guidelines that must be adhered to in order for my child to be seen on our scheduled day of treatment. I understand that these guidelines are imperative to my child's safety, and should they not be followed explicitly, Bay Anesthesia reserves the right to refuse anesthesia treatment and withhold my paid deposit. I further understand that arriving after our scheduled procedure time may result in the cancellation or rescheduling of the appointment, and may result in the forfeiture of my paid deposit.

Lastly, I understand anesthesia fees are DUE IN FULL on the day of the procedure, and will be automatically charged to the same card used for my deposit, unless prior arrangements are made. I authorize Bay Anesthesia to submit payment to my credit card for any remaining balance due, on or after the date of service, until the balance is paid in full. An estimate of anesthesia fees is available upon my request.

Should I have any additional questions regarding these policies, I will contact Bay Anesthesia Group directly at (650) 282-4171.

Patient Signature or Legal Guardian's Signature (If completed on behalf of the Patient)

Date

Legal Guardian's Name Printed (If completed on behalf of the Patient)

Patient Name: _____