



GREATER LANSING

## My Consent and Agreement to Receive Nitrous Oxide During the Labor, Delivery, and Postpartum Period

I, \_\_\_\_\_ have been informed regarding my options for management of labor discomforts. I am choosing self-administration of nitrous oxide mixed with oxygen (referred to as nitrous or nitrous oxide throughout the remainder of this consent). I understand that nitrous should assist with decreasing anxiety and my awareness of pain during my labor or other procedures. I understand that nitrous is another method of pain control and does not prevent me from potentially choosing another form of pain control if nitrous oxide is removed.

Since I will be controlling my own nitrous oxide, I understand and agree to hold the mask without any help from others and will not allow any friends or family members to hold the mask to my face. I will be using the nitrous oxide only when needed. I will not let anyone other than myself inhale the nitrous oxide from the mask. I understand that the use of nitrous oxide by any other person will result in the removal of nitrous oxide from my room and/or removal of the other person from the hospital.

I understand that I will be awake and have function over my thoughts and movement. I understand that use of nitrous oxide may make me feel unsteady on my feet from time to time. It is my responsibility to request help with walking or position changes if I want to be out of bed.

I understand that medical science is not perfect and outcomes are not always predictable. As with any pain or anxiety medication there may be unknown effects to me or my unborn baby. Currently, there is no long-term outcome data available for newborns or children born to mothers who received nitrous during labor process. Failure to disclose any health conditions to my care providers, or medications/substances that I have used, may put me at additional risk for complications. I also understand there are potential risks if I use nitrous inappropriately outside of the prescribed use. I understand that nitrous oxide has potential known side effects including dizziness, vomiting, lightheadedness, and a general feeling of fatigue. I understand that it may be necessary to change to a different medication to control pain and/or discontinue nitrous oxide based on OB provider or anesthesia provider recommendations.

I know it is my responsibility to inform my care provider about allergies, medicines given to me by a doctor, or recreational substances I have taken including but not limited to the list reviewed by my nurse. It is also my responsibility to inform my care provider of any health problems that may worsen with nitrous oxide use, including but not limited to the list reviewed by my nurse, and the FAQ's about Nitrous. I understand that it is important to my health and safety that I follow the advice and instructions given to me for the use of nitrous oxide.

My nurse and/or OB provider has thoroughly explained the self-administration process, risk and benefits. I have had the opportunity to read (or have read to me) the agreement/consent and asked questions, which have been answered to my satisfaction. No one has given me a promise or guarantee as to what the results will be.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Signature of Informant (Physician) \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**If you still have questions about this topic, feel free to discuss them with your health care team. Your prescribing physician, your OB GYN, will be able to help clarify any further questions.**



820A

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## Nitrous Oxide Pre-Administration Assessment

### Recent Use of:

Alcohol

Amphetamines

Benzodiazepines

Narcotics/opioids

None Identified

### Assessment:

Baseline oxygen saturation less than 95%

Chronic Lung disease

Current bowel obstructions

Increased intracranial pressure

Known vitamin B12/cobalamin deficiency (conditions leading to B12 deficiency: Crohn's disease, Celiac disease, gluten intolerance, pernicious anemia, strict vegan diet, chronic malnutrition, long-term nitrous oxide abuse)

Pulmonary hypertension

Glaucoma

Inability to hold mask

Hemodynamic Instability

Middle Ear Surgery

Recent Eye Surgery

History of known adverse nitrous reaction

None identified

**\*\*\*\*\* If assessment includes any of the above, notify OB provider for final approval \*\*\*\*\***

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_