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Pre-Anesthesia Instructions for Halcion (triazolam)

1. No solids are permitted for six hours prior to the appointment. Clear liquids such as water, apple juice, Gatorade or tea may be consumed up to 2 ½ hours prior to the appointment.
2. The patient **must** have a ride to the office and home from the procedure in a vehicle where the patient can recline. This helps reduce dizziness and nausea.
3. Arrangements must be made to be supervised for the remainder of the day and possibly through the night, depending on the patient and procedure. Assume this is the case unless you are told otherwise. The supervising individual must be capable of accompanying the patient to the restroom, supporting the patient in the event he/she loses balance, making sure the patient consumes appropriate nourishment, and managing any prescribed medications.
4. Have necessary items available ahead of time (i.e. liquids with calories, food, etc.) so the supervising individual will not need to leave the patient unattended.
5. Wear appropriate, comfortable clothing with thin sleeves that can be rolled up.
6. Nail polish should be removed from at least two fingers on the left hand. Several monitoring devices will be utilized including a blood pressure cuff (generally On the upper arm) and a finger sensor will be placed.
7. If you take any medications (such as high blood pressure, heart or diabetes medication), take them as you normally would unless instructed otherwise. **Please bring in all medications that you are taking so that doses and times taken can be confirmed.** Refrigerated medications (i.e. insulin) do not need to be brought to the appointment, but please bring a detailed list of medications (including doses and times taken) that are not brought to the appointment.
8. If you have any issues or conditions that may be complicated by an eating schedule (such as diabetes or hypoglycemia), please contact the treatment coordinator prior to the appointment. These guidelines may be altered as needed.
9. If you see medical specialists, have any medical issues or special concerns; please contact the treatment coordinator ahead of time. Additional consultations may be necessary prior to treatment. If you have any additional concerns (such as allergy to medications, or history of nausea or vomiting after other procedures), please make the treatment coordinator aware of them ahead of time.
10. **No Alcoholic beverages** are to be consumed 24 hours prior to or 24 hours after your appointment. Failure to disclose illicit drug or herbal supplement use can cause unwanted reactions and may result in hospitalization or even death.

11. _____ If this blank is checked, please arrive 1 hour prior to your appointment to go over your health history and to receive your sedation. Please call ahead if you have had changes in your medical history since we last saw you. *Your driver must come in with you to receive post-op supervision instructions.*
12. _____ If this blank is checked, take 1 Halcion 0.25 mg 1 hour prior to your appointment. Bring the remaining Halcion tablets with you. If this method has been selected by Dr. Davis, you must make sure you have called the day before to confirm there have not been any changes in your medical history. We are happy to fax or email you a copy of your medical history to review if necessary so you can sign it. *Your driver must come in with you to confirm when you took your medication and that there have been no changes in medical history. We also will give them post-op supervision instructions.*
13. Make sure the office has a good contact phone number of the patient and the supervising guardian for the day of the appointment in order to check on the patient. Be aware that patients often do not answer their own cell phone on the day of the procedure.

Name of guardian/driver: _____

Best phone number for driver: _____

14. If you have any questions, please call our office at any time during or after work hours. You may reach Dr. Davis after hours by calling (817) 656-9366 and selecting option 2. Option 2 will put you through to his emergency voice mail where you may leave a message and phone number. Dr. Davis will return your phone call and answer any questions you may have.

By signing below you agree to the following statement:

I have read and thoroughly understand all instructions relating to my upcoming treatment and sedation.

Printed Patient Name

Patient or Guardian Signature

date

Doctor or Clinical Staff Signature

date