

Agreement for Use of Nitrous Oxide During the Birth Experience

_____ I understand that nitrous oxide is an inhaled pain medicine. It is a colorless, almost odorless, tasteless gas. It is inhaled through a mask to decrease the strength of pain.

_____ I have been told about my choices for pain relief. I choose self-administration of nitrous oxide mixed with oxygen. I understand that nitrous oxide may make me less anxious and less aware of pain during my labor or other procedures. I understand that I can choose another form of pain control if I decide to stop using nitrous oxide.

_____ I will use a mask to breathe in the nitrous oxide before contractions. I agree to hold the mask without help from others. I will not let any friends, family members or support persons hold the mask to my face. I will not let anyone else inhale the nitrous oxide from the mask. **If anyone else uses the nitrous oxide, it will be removed from my room.**

_____ I understand that I will be awake. I will be able to move and have feeling. I understand that using nitrous oxide may make me feel unsteady for brief periods. My nurse needs to be with me when I first begin to use nitrous oxide to make sure I am safe and steady.

_____ I understand that there are no known effects to the baby. While nitrous oxide does cross the placenta to the baby, it is quickly removed by the baby's lungs at birth.

_____ I understand that nitrous oxide has known side effects. These may include dizziness, nausea, vomiting, headache and drowsiness. These go away within minutes of stopping nitrous oxide use. It may be necessary to change to a different pain relief and/or stop using nitrous oxide.

_____ I will tell my care provider about allergies, medicines, or other substances I have taken. I will also tell my care provider about any health problems I have. I understand that it is important that I follow the instructions given to me for the use of nitrous oxide. I understand there may be risks if I do not use nitrous oxide as instructed.

_____ My nurse or provider has explained how I will use nitrous oxide during my birth experience. I understand the risks and benefits. I have read this agreement or have had it read to me. I have been able to ask questions and they have been answered.

Patient _____ Date _____ Time _____

Witness _____ Date _____ Time _____