

1. Nitrous oxide is a self-administered inhaled gas, commonly referred to as "laughing gas." It helps reduce pain, anxiety and causes relaxation. If you choose to use nitrous oxide, you will be fully awake and conscious.
2. I understand some of the possible side effects of nitrous oxide include: tingling, dizziness, nausea, vomiting, lightheadedness, flushing and "feeling bad."
3. As I may feel unsteady or dizzy, I will not be able to use the labor tub while using nitrous. If I need to get out of bed or walk in the room, I will do so only with a nurse or partner in the room with me.
4. I understand this form of pain control may not remove all sensation of discomfort.
5. Alternative methods of pain control include movement, whirlpool tub use, narcotics, and, when in active labor, regional anesthesia (epidural/intrathecal).
6. I may stop using nitrous oxide at any time and request another method of pain control.
7. If I have received narcotics, I will not be able to use nitrous for 2 hours.
8. **I am the only one who will hold my mask to my face.** I will not use any type of support such as from a pillow or strap to hold the mask to my face.
9. **Nitrous oxide equipment will be discontinued and removed from the room if:**
 - Someone other than myself is found holding the mask to my face
 - Anyone else in the room is found holding the mask to their face

Partner-in-care signature_____

10. I understand that there is not conclusive research on the risk to my baby. However, there have been no ill effects noted after extensive use (50+years) in other countries.
11. If at any time there is a concern for my well-being or my baby's, the OB RN may discontinue the nitrous. Other options will be reviewed with me.

Instructions for use: *Position mask over nose and mouth when contraction starts. Breathe in deeply and breathe out into the mask. Remove mask when contraction/pain subsides. Rest.*

I understand and agree to the above and wish to have nitrous oxide available. I have had the opportunity to ask questions of the OB providers which have been answered to my satisfaction.

Patient Signature: _____ Date_____

