Anesthesia Consent

CONSENT FOR ANESTHESIA SERVICES

I acknowledge that my doctor has explained to me that I will have a procedure. I also understand that anesthesia services are needed so that my doctor can perform the procedure. I consent to the use of anesthesia as deemed necessary and appropriate by my anesthesia provider or by my physician. It has been explained to me that all forms of anesthesia involve some risk and, although rare, unexpected severe complications with anesthesia can occur and include the remote possibility of infection, aspiration, bleeding, drug reactions, blood clots, loss of sensation, loss of limb function, paralysis, stroke, heart attack, or death. I understand that these risks apply to all forms of anesthesia and the additional or specific risks have been explained and have been identified below. I understand that the anesthesia services used for my procedure and the technique to be used is determined by many factors including my physical condition, type of procedure performed, as well as my physician's and my own preference.

Plan for Anesthesia:

MONITORED ANESTHESIA CARE WITH INTENDED LEVEL OF MODERATE SEDATION

Sedation administered and monitored under the direction of the credentialed licensed practitioner. The plan of care includes a pre-anesthetic assessment by a qualified licensed provider, continual monitoring of blood pressure, oxygenation, pulse rate / rhythm, level of consciousness, and pain level until the patient's consciousness has returned to approved / accepted levels of consciousness.

Technique: Drug injected into the bloodstream producing a semiconscious state.

Risk and Complications may include but are not limited to: minor pain and discomfort, muscle aches, backache, nerve injury, sore throat, localized swelling and redness, nausea, damage to vocal cords, allergic/ adverse reaction, aspiration, pneumonia, damage to teeth or dental work, headache, inability to reverse the effects of anesthesia, depressed breathing, a deeper level of sedation requiring rescue intervention, infection, ophthalmic (eye) injury, paralysis, recall of sound / noise / speech by others, seizures, brain damage, coma, death.

I have been given the opportunity to ask questions about my anesthesia and feel that I have sufficient information to give this informed consent.

I agree to the administration of the anesthesia prescribed for me. I understand that the anesthesia services are provided by independent practitioners who are not employees or agents of the center.

I DECLARE AND REPRESENT THAT I HAVE READ THE ABOVE AND UNDERSTAND IT IS TRUE. No guarantee or warranty has been made to the result of the anesthesia procedures.

Anesthesia Questionnaire

Additional details if applicable (POA name /relationship):

Signatures

_____

Patient or Legal Guardian Signature

_____

Staff Witness Signature

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Anesthesia Signature