

## INFORMED CONSENT FOR ANESTHESIA SERVICES

You, in consultation with your physician, have decided to undergo a procedure that requires anesthesia. Your Anesthesia provider has explained your anesthetic options, medically acceptable alternatives, and the substantial and material risk and benefits of the proposed anesthesia.

**IT IS IMPORTANT THAT YOU, THE PATIENT, READ THIS CONSENT FORM CAREFULLY** (or have it read to you) and that you ask questions about any information that you may not fully understand.

I understand and acknowledge that all forms of anesthesia involve some risks and side effects, and the anesthesia provider can make no guarantees or promises concerning the results or outcome of the anesthesia plan of care. I acknowledge that impairment of full mental alertness may persist for several hours following the administration of anesthesia, and will avoid making decisions or taking on activities, which depend on full concentration or judgment during this period.

All forms of anesthesia involve some risks. No guarantees or promises can be made that you will not suffer a side effect or complication from your anesthesia. The determination of what type(s) of anesthesia is best for you depends on many factors including your physical condition, the type of procedure you are undergoing and the preferences of you and your physician. Rare, unexpected and severe complications can occur with all forms of anesthesia, including infection; drug or allergic reactions; nerve injury with loss of sensation or function; paralysis; stroke; bleeding; blood clots; damage to liver, kidney, lungs; heart attack, brain damage, common side effects and specific complication of particular types of anesthesia include, but are not limited to the those identified below.

### **Risks and common side effects of sedation/anesthesia include:**

- Nausea and/or vomiting
- Mild to moderate decreases in blood pressure and/or heart rate
- Injuries to the mouth, lips and surrounding areas including higher risk to teeth with prior dental work or carries.
- Aspiration (inhaling stomach contents into the lungs), asthma attacks, and pneumonia (lung infection and/or swelling)
- Convulsion/seizure
- Swelling, tenderness, bleeding and bruising at injection site
- Infection, swelling or other damage to blood vessels
- Soreness of the throat and hoarseness
- Nodules, polyps, or other damage to the vocal cords or windpipe
- Esophageal injury from gastric (stomach) tubes and/or esophageal dilators
- Rarely, there can be awareness under anesthesia and dreams during anesthesia may be confused with recall of real events.
- adverse reaction to medication, infection, phlebitis, and/or nerves injury related to needle insertion and or intravenous (IV) catheter placement

Teeth and dental prosthetics (such as dental implants, veneers, caps, crowns, and bridges) may become loose, broken, or dislodges, regardless of the care provided. By signing this consent, you are acknowledging that neither your anesthesia providers, physician, the facility, nor the company employing or engaging the anesthesia providers will be responsible for any dental damage or repair costs.

I understand the section below details the types of anesthesia to be used for my procedure. I understand the anesthetic technique is determined by many factors including my physical condition, the procedure performed, the physician preference, anesthesia provider plan of care or my own desires. I also consent to an alternative type of anesthesia, if necessary, as deemed appropriate by the anesthesia provider and physician.

**General Anesthesia:** a controlled, drug-induced state of unconsciousness, accompanied by partial or complete loss of protective reflexes including an inability to independently maintain an airway and/or respond purposefully to physical stimulation or verbal command. May require a placement of breathing tube in the windpipe or another breathing device. Risks include, but not limited to, mouth or throat pain, hoarseness, injury to mouth or teeth, awareness of intraoperative events, injury to blood vessels, aspiration and pneumonia.

<Patient name>

<MRN>

<DOB>

**Deep Sedation:** a controlled, drug induced state of depressed consciousness from which the patient is not easily aroused, which may be accompanied by partial loss of protective reflexes, including the ability to maintain an open airway independently and/or respond purposefully to physical stimulation or verbal commands. Risks include, but not limited to, infection, mouth or throat pain, hoarseness, injury to mouth or teeth, aspiration, dizziness, nausea or vomiting can occur. Although rare, your level of sedation may unintentionally progress to general anesthesia, depending on your response to the medications given. Rarely, MAC cannot provide adequate relief or the medications used to sedate you may severely depress (lower) your breathing or slow your heart rate, requiring use of general anesthesia.

**Monitored Anesthesia Care (MAC):** a combination of medicines that help you relax (a sedative) and block pain (an anesthetic) during a medical procedure. It is characterized by a minimally depressed consciousness such that the patient is able to continuously and independently maintain a patent airway, retain protective reflexes, and remain responsive to verbal commands and physical stimulation. Risks include, but not limited to, infection, mouth or throat pain, hoarseness, injury to mouth or teeth, aspiration, dizziness, nausea, or vomiting can occur.

By signing below, I HEREBY CERTIFY that I have read this consent form (or had it read to me) and that my anesthesia provider has fully explained it to me. I have had the opportunity to ask questions, all of which were answered to my satisfaction. I understand the intended anesthesia plan of care is Deep Sedation. I understand my anesthetic options, alternatives, and the substantial and material risks and benefits of the proposed anesthesia. I do hereby consent to the administration of my chosen anesthesia, or changes to the plan as may be considered necessary or advisable.

I attest that I am 18 years of age or older, my judgement is not impaired by any legal or illegal substance, and I am signing this consent of my own free will and have not been forced by any person to consent to this procedure.

_____	_____	_____
Signature of Patient or Authorized Patient Representative	Witness' Signature	Date/Time

**Anesthesia Statement**

I certify that I have explained to the patient (parent/Authorized Representative) the anesthesia options and medically acceptable alternatives, the material or substantial risks and benefits (both short and long-term) and have allowed the patient (Parent/Authorized Representative) to ask questions.

_____	_____
Signature of Anesthesia Provider	Date/Time

**Translation Services**

\_\_\_\_\_ Translation services have been utilized.

This consent has been verbally translated into \_\_\_\_\_ for the benefit of the patient/patient's representative who understands this language better than English.

_____	_____	_____
Translator's ID Number and/or Name	Translator's Signature (If Onsite)	Date/Time

<Patient name>  
<MRN>  
<DOB>