

Anesthesia Consent

Patient Name _____ ,

do hereby request and authorize the administration of anesthesia during the pending medical or surgical treatments.

1. **TYPE OF ANESTHESIA:** The types of anesthesia include General, Epidural, Spinal, Regional, and Monitored Anesthesia Care. I have selected the type planned for use during my treatments, I understand the anesthesia will be administered by or under the direction of an anesthesiologist and that such anesthetic agents as the anesthesiologist and/or other attending physicians may deem advisable will be used.
2. **ANESTHESIA DISCLOSURES:** Anesthesia is used to lessen pain associated with medical or surgical procedures. All types of anesthesia involve risks. They include but are not limited to sore throat and hoarseness, vocal cord damage, muscle soreness, nausea and vomiting, and eye injury. More serious risks include but are not limited to high fever, seizures, nerve damage, severe pneumonia, heart/liver/kidney damage, changes in blood pressure, drug reactions, awareness during general anesthesia, cardiac arrest, brain damage, paralysis, and death. Instruments used to maintain an open airway may also cause dental damage or laceration of the gums or lips. The chance of an adverse consequence is affected by the type of procedure and anesthetic and the patient's health and age. Risks increase for extensive procedures and for elderly, very young, chronically ill, obese, or substance abusing patients. Estimates of fatalities from anesthesia range from 0.0005% (healthy adults) to 0.01% (healthy infants less than 1 year old). Risks of stroke range from 0.4% (general surgery) to greater than 2% (cardiac surgery). The risk of blindness is approximately 0.06%.
3. **INVASIVE MONITORING DISCLOSURES:** Invasive monitoring may be a necessary part of anesthesia. If so, the risks and consequences may include but are not limited to a small visible scar, collapsed lung (1%), nerve injury, blood vessel injury, blood clots, bleeding, and infection. Loss of limb, stroke, and death have been reported, but are rare.
4. **DRUGS:** Drugs taken by the patient may cause complications with anesthesia or surgery. You must inform the anesthesia staff about any drugs the patient has recently taken, including but not limited to prescription/ over-the-counter medicines, illegal drugs, diet pills, and nutrition supplements.
5. **FOOD/DRINK:** The patient must not eat or drink anything after midnight the day before surgery, unless specifically permitted by the anesthesia staff. Any such food or drink must be reported.
6. **ACKNOWLEDGMENT:** I acknowledge and agree that (1) the preceding information, risks, and consequences have been explained to me, (2) I have disclosed all required information, (3) I know the practice of anesthesiology, medicine, and surgery is not an exact science and no one has given me any promises or guarantees, and (4) all my questions have been answered in a satisfactory manner.
7. **CONSENT:** I hereby authorize anesthesia related to the pending medical or surgical procedures. I also understand that conditions may develop during the scheduled procedures that require modification of the initial treatment plan. I agree to the modification or extension of this authorization to cover any anesthesia that professional judgment, therefore, subsequently indicates to be necessary under the circumstances.

Date

Patient / Legal Ward Signature

Printed Name

I attest that the patient/legal representative named above has been informed about the common foreseeable risks and benefits of anesthesia and the reasonable alternative(s), if any. All questions have been answered to his/her apparent satisfaction.

Date

Time

Anesthesiologist's Signature