

# ANESTHESIA CONSENT

**TO THE PATIENT:** *You have the right, as a patient, to be informed about your condition and the recommended anesthesia to be used so that you may make the decision whether or not to receive the anesthesia after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the anesthesia/analgesia.*

I voluntarily request that anesthesia and/or perioperative pain management care (analgesia) as indicated below be administered to me (the patient). I understand it will be administered by an anesthesia provider and/or the operating practitioner, and such other healthcare providers as necessary.

I understand that anesthesia/analgesia involves additional risks and hazards but I request the use of anesthetics for the relief and protection from pain during the planned and additional procedures. I realize the type of anesthesia may have to be changed possibly without explanation to me.

I understand that serious, but rare, complications can occur with all anesthetic/analgesic methods. Some of these risks are breathing and heart problems, drug reactions, nerve damage, cardiac arrest, brain damage, paralysis, or death.

I also understand that other complications may occur. Those complications include but are not limited to:  
*Check planned anesthesia/analgesia method(s).*

<input checked="" type="checkbox"/> General Anesthesia / Total Intravenous Anesthesia (TIVA)	Expected Result	Total unconscious state, possible placement of a tube into the windpipe
	Technique	Drugs injected into the bloodstream via IV, breathed into the lungs, drugs injected intramuscularly (IM), or administered by other routes
	Risks	Mouth or throat pain, hoarseness, injury to mouth or teeth, awareness under anesthesia, injury to blood vessels, aspiration, pneumonia
<input type="checkbox"/> Monitored Anesthesia Care	Expected Result	Reduced anxiety and pain, partial or total amnesia
	Technique	Drug injected into the bloodstream, breathed into the lungs, or by other routes producing a semi-conscious state
	Risks	An unconscious state, depressed breathing, injury to blood vessels
<input type="checkbox"/> Regional Nerve Block Anesthesia	Expected Result	Temporary loss of feeling and/or movement of a specific limb or area of the body
	Technique	Drug injected near nerves providing loss of sensation to the area of the operation
	Risks	Infection, convulsions, weakness, persistent numbness, residual pain, injury to blood vessels

I understand that no promises have been made to me as to the result of anesthesia/analgesia methods.

I have been given an opportunity to ask questions about my anesthesia/analgesia methods, the procedures to be used, the risks and hazards involved, and alternative forms of anesthesia/analgesia. I believe that I have sufficient information to give this informed consent.

I certify this form has been fully explained to me, I have read it or have had it read to me, and I understand its contents.

X \_\_\_\_\_  
**Patient Or Legally Responsible Person**

\_\_\_\_\_  
**Date and Time**