

## **Anesthesia Care Associates LLC - Anesthesia Consent Form**

You have the right to be informed about your condition and the recommended surgical or medical procedure requiring anesthesia. This information will assist you in making the decision whether to undergo the procedure after knowing the risks and hazards of anesthesia involved. This disclosure is not meant to alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

I hereby voluntarily request and authorize Anesthesia Care Associates to provide anesthesia for my medical and/or surgical procedure. I understand that my anesthesia care will be given to me by or under the supervision of a physician. I understand that a certified registered nurse anesthetist or an anesthesiologist assistant may be involved in my anesthesia care.

Anesthesia procedures usually require the use of an intravenous line (I.V.). Standard monitoring is also performed for blood pressure, pulse oximetry (measures oxygen saturation in your blood). And electrocardiogram (record of the electrical activity/rhythm of the heart). I understand that during my procedure invasive monitoring may be necessary. I understand risks and benefits associated with this type of monitoring, which have been fully explained to me.

I understand that medication that I am taking may cause complications with anesthesia or surgery. I understand that it is in my best interest to inform my physicians about the nature of any medications I am taking, including but not limited to aspirin, cold remedies, narcotics, herbals, marijuana, and cocaine.

If I am pregnant, I understand that elective procedures should be postponed until after the baby is born. Anesthetics cross the placenta and may temporarily anesthetize my baby. Although fetal complications of anesthesia during pregnancy are very rare, the risks to my baby include, but are not limited to birth defects, premature labor, permanent brain damage and death.

- Sedation (Monitored Anesthesia Care): Anesthesia involves placing a needle into a vein usually located in the arm and injecting sedative drugs into the I.V. line that will be used to relax you prior to and during the procedure. You will experience some drowsiness and/or sleepiness. The level of sedation will depend on how much medication is given. How much medication is needed will depend on the procedure that is being done and how you respond to the sedative. If for any reason you are to become too sedated and require general anesthesia to assist with ventilation, we reserve the right to provide this level of anesthesia for you.
  - Sometime the anesthesia is inadequate, fails or wears off and an additional or alternative surgical anesthesia must be obtained by other methods which may include general anesthesia or local anesthesia.

### **Common Complications:**

1. Soreness of the throat and hoarseness
2. Changes in blood pressure
3. Mild to moderate fall in blood pressure
4. Headache
5. Nausea and vomiting
6. Body aches
7. Allergic reaction to the drugs injected

**Occasional Complications:**

1. Changes in mental status
2. Dreams can occur during or after Anesthesia
3. Recall may occur in MAC Anesthesia
4. Teeth can become loosened or broken
5. Shock or extreme fall in blood pressure
6. Convulsion
7. Eye discomfort/irritation

**Uncommon Complications**

1. Aspiration (inhaling vomit into the lungs and pneumonia)
2. Respiratory arrest
3. Cardiac arrest and death
4. Medical complications can occur which involve the heart, lungs and circulatory system such as stroke, blood clots, abnormal heart rhythms, phlebitis, and heart attack.

I hereby certify that I have read this form (or have had the opportunity to have it read to me) and fully understand the nature, purpose, benefits, risks, side effects, likelihood of achieving goals, potential problems that might occur during recuperation, risks for not receiving the proposed care, treatment, and services, and alternatives to the proposed care, treatment, and services. I hereby consent to the above listed anesthesia/sedation. I do not desire any further explanation. I hereby consent to the administration of anesthetics/sedation as may be considered necessary or advisable. While it is impossible to advise me of every conceivable side effect or complication, some common complications may be possible. I have reviewed the common, occasional, and uncommon complications listed.

I have explained the nature, purpose, benefits, risks, side effects, likelihood of achieving goals, potential problems that might occur during recuperation, risks for not receiving the proposed care, treatment, and services, and alternatives to the proposed care, treatment, and services with the above patient or representative.

**Anesthesia Provider Signature:**

**Patient's Signature or Legal Representative:**

**Witness Signature:**

PATIENT LABEL