

PATIENT CONSENT TO ADMINISTRATION OF ANESTHESIA

To the patient, parent or guardian: This form reflects the discussion between you and the anesthesiologist who has explained the choices of anesthesia available and the method that is recommended considering your medical history and the particular procedure to be performed. A member of the Department of Anesthesia (including Anesthesiologists and Certified Registered Nurse Anesthetists) will administer anesthesia to me and will monitor my vital bodily functions throughout the procedure. The types of anesthesia that may be appropriate for the procedure include: **General Anesthesia; Regional Anesthesia; Monitored Anesthesia Care and Local Anesthesia.**

Each type of anesthesia has been explained to my satisfaction. After discussion of the risks, benefits, procedures and alternatives, I agree to the proposed anesthesia plan. The proposed anesthesia is:

Anesthesia Plan: _____

I realize that unforeseen events may necessitate a change in the proposed anesthesia. I authorize the administration of any other form of anesthesia deemed necessary by the practitioner when an unforeseen event occurs or when the proposed method of anesthesia is unsuccessful. I understand that all forms of anesthesia have some degree of risk. Known risks are included in the following list:

Common Complications: 1) nausea/vomiting, 2) prolonged sedation/drowsiness, 3) feeling of generalized weakness, 4) muscle aches/pain, 5) sore throat/cough, 6) headache/dizziness, 7) pain/burning at needle insertion site, 8) backache

Infrequent Complications: 1) eye injuries, 2) injury to lungs, 3) injury to nerves due to stretch or compression, 4) injury to lips, teeth, tongue or larynx, 5) pain on injection of anesthetic drugs, 6) disturbances of heart rhythm, 7) allergic reaction to drugs, 8) laryngospasm/bronchospasm, 9) spinal headache, 10) urinary retention, 11) injury to veins or arteries

Extremely Rare Complications: 1) malignant hyperthermia, 2) brain damage, 3) cardiac arrest, 4) death, 5) total spinal/high block, 6) broken needle/catheter, 7) nerve damage, i.e. tingling, paralysis, sexual dysfunction, spinal infection, 8) awareness during general anesthesia, 9) blindness, loss of sight

I am aware that other unspecified risks may exist and that during the administration of anesthesia other unexpected complications may occur. All of my questions about anesthesia have been answered. I consent to the administration of anesthesia by a member of the Department of Anesthesia.

I understand that WSC is affiliated with teaching institutions and that students in various affiliated health care programs may observe and participate in my care under the supervision of a licensed professional staff member, unless I expressly request otherwise.

Statement of Practitioner Obtaining Consent:

I certify that I have explained to the patient the risks, benefits and alternatives of this procedure, as well as the probable consequences of receiving no treatment. I have answered all of his/her questions.

Exceptions / Additions to any of the above: _____

