

PACIFIC ANESTHESIA

CONSENT FOR ANESTHESIA

Anesthesiology is a specialty of medicine. Your anesthesiologist is a doctor trained to provide you with anesthesia care during the course of a medical, surgical, or obstetrical procedure. Your anesthesia care will be provided by one or more anesthesiologist who are members of Pacific Anesthesia. This patient consent form is a supplement to the consent signed for your surgery or other invasive procedure.

The information that follows is a description of the anesthesia or sedation to be used and a listing of the risks that possibly could occur. The information will hopefully enable you to understand your anesthetic procedure and allow you to ask questions of your anesthesiologist. This list is not meant to scare you or discourage you from having your procedure, but rather to inform you that all medical procedures carry risk, and rare events do happen. Such risks and complications may include but are not limited to:

General Anesthesia: Nausea, allergic/adverse drug reaction, sore throat, hoarseness, injury to lips/teeth/vocal cords/airway, infection, pneumonia, aspiration, nerve injury, eye injury, injury to arteries or veins, awareness under anesthesia, blindness, seizures, paralysis, stroke, injury to the heart/lungs/brain, and death.

Neuraxial Anesthesia (Epidural or Spinal): Backache, headache, blood pressure changes, failure of epidural or spinal to be effective and need for general anesthesia, bleeding, drug reaction, respiratory distress, infection, nerve injury, paralysis, seizures, and death.

Regional Anesthesia: Minor pain or discomfort, allergic reaction, failure of the regional block to work, bleeding, infection, nerve injury, injury to arteries or veins, residual numbness or weakness, respiratory distress, seizures, spinal or epidural block, headache, stroke, injury to hearth/lungs/brain, death, and need for general anesthesia.

I understand that receiving anesthesia for any surgery or procedure involves risk, and no promises or guarantees can be made regarding my response to anesthetic agents, other drugs, or procedures associated with my anesthetic care. All procedures may carry unforeseen risks.

I understand that during my procedure, my physical condition could change and therefore the type of anesthesia and/or monitoring might need to be changed. Any change in my anesthesia plan would be made with my safety being the first concern of my anesthesiologist.

I certify that I have informed my anesthesiologist and other health care providers of all medications, including prescription, over the counter, alternative remedies and supplements, and any other recreational drug or alcohol use. I also certify that I have informed my doctor of all my known allergies, my medical history, as well as any problems with any of my past anesthetics. Unless I have made it explicitly clear to my surgeon and my anesthesiologist that if I have an Advanced Directive in place, I understand that by consenting to anesthesia I am also consenting to a temporary suspension of any "do not resuscitate" orders until I have made a complete recovery from the effects of anesthesia.

I understand that I have been informed of my anesthetic options, as well as the risks and benefits of the various options. I agree with the anesthetic plan, including the method of administration and monitoring that I have been discussed with me. I understand that I have had or will have the opportunity to ask questions and discuss my anesthetic plan until I am satisfied with the answers and information provided. I understand I may withdraw this consent at any time before the anesthetic is begun.

Signature of Patient or Representative _____ Date _____ Time _____

Printed Name of Patient/Representative _____

Signature of Anesthesiologist _____ Time _____

Printed Name of Anesthesiologist _____

For Informational Purposes Only

