

Consent for Administration of Anesthesia

1. Dr. _____ and/or Dr. _____ has/have explained to me that I will require anesthesia for the surgical procedure to be performed at _____.
2. I am aware that _____, CRNA, will administer the anesthesia, under the supervision of Dr. _____.
3. The type of anesthesia proposed for this operation/procedure is (check one):
 - General Anesthesia:** Medication is inhaled through a mask or injected into the vein. A narcotic (painkiller) and muscle relaxant are also used. A tube may also be placed in to the trachea (windpipe) to assist with breathing. The patient is unconscious (asleep) during surgery. *Risks of general anesthesia include, but are not limited to allergic reaction to the anesthetic medication, injury to the mouth, vocal cords or teeth, awareness or memory of the surgery, hoarseness, sore throat, aspiration pneumonia (inhaling of stomach contents into lungs), brain damage, heart attack and death.*
 - Peripheral nerve block:** Medication is injected into a specific nerve in the arm or leg to produce a temporary loss of sensation and movement of the limb. *Risks of peripheral nerve block include, but are not limited to allergic reaction to the anesthetic medication, nerve damage, loss of function or sensation in the limb, infection, bruises, bleeding, blood clot, continued pain, numbness or weakness; seizures and death.*
 - Monitored anesthesia care:** the person who is providing anesthesia monitors the patient's vital signs (temperature, pulse, respiration), and, in some cases, administers a sedative. *Risks of monitored anesthesia care include, but are not limited to allergic reaction to the anesthetic medication, loss of consciousness, depressed breathing and cardiac arrest.*
 - Intravenous regional anesthesia:** Medication is injected into a vein in the arm or leg, producing temporary loss of feeling and movement in the limb. *Risks of intravenous regional anesthesia include, but are not limited to allergic reaction to the anesthetic medication, infection, bleeding, blood clot, persistent pain or tingling of the limb, seizures, cardiac arrest and death.*
 - Spinal or epidural anesthesia:** Medication is injected into the spinal canal to produce temporary loss of feeling and movement in the lower half of the body. *Risks of spinal/epidural anesthesia include, but are not limited to allergic reaction to the anesthetic medication, headache, backache, buzzing in the ears, infection, bleeding, blood clot, seizures, persistent paralysis (inability to move legs freely), prolonged numbness, cardiac arrest and death.*
4. Dr. _____ has fully explained to me the risks (both during administration of anesthesia and during the recuperation period), benefits and possible alternatives to administration of anesthesia, including not undergoing the procedure. I have been given an opportunity to ask questions, and all of my questions have been answered fully and satisfactorily.
5. I acknowledge that no guarantees or assurances have been made to me concerning the results intended from the administration of anesthesia.
6. I hereby consent to the administration of such anesthetic agents as may be considered necessary by Dr. _____ and/or _____, CRNA.
7. I confirm that I have read and fully understand the above and that all blank spaces have been completed prior to my signing. I have crossed out any paragraphs or words above that do not pertain to me.

Patient/Relative/Guardian*

Print Name

Relationship to Patient

Date/Time

Witness

Date/Time

Interpreter (if required)

Date/Time

* The signature of the patient must be obtained unless the patient is a minor unable to give consent or otherwise lacks capacity.

I hereby certify that I have explained the nature, purpose, benefits, risks of, and alternatives to the proposed anesthesia, have offered to answer any questions and have fully answered all such questions. I believe that the patient/relative/guardian fully understands what was explained and answered.

Physician's Signature

Date/Time

NOTE: THIS DOCUMENT MUST BE MADE PART OF THE PATIENT'S MEDICAL RECORD.