

BAYCARE INFORMED CONSENT FOR ANESTHESIA SERVICES

I, _____ (Patient Name) in consultation with my surgeon or specialist, have been advised that my planned procedure will require anesthesia services. An **Anesthesiologist, Nurse Anesthetist, or Anesthesiologist Assistant** (under the Anesthesiologist's direct supervision) will be in constant attendance during the entire procedure. I understand that the anesthesia method to be used is determined by my physical condition, type of procedure, as well as physician/patient preference. This anesthesia method remains in effect for the duration of the patient's admission. This applies unless the patient/ LMDM expresses their withdrawal of the consent, there has been a substantial change in the patient's condition, such that the nature benefits, risk and/or alternatives associated with the procedure have changed, or if a different anesthetic technique is to be performed. I also understand that all forms of anesthesia involve some risk and that no guarantees can be made about the outcome of the anesthesia or procedure. Although rare, unexpected complications can occur with all types of anesthesia. These include, but are not limited to, the following:

- ❶ **Common** side effects are headache, sore throat, nausea, muscle or backache.
- ❷ **Rare** complications include allergic reactions, infection, bleeding, broken teeth, vocal cord injury, and injury to lips or gums.
- ❸ **Extremely rare** complications include pneumonia, collapsed lung, nerve or blood vessel injury, permanent loss of feeling and/or movement of a limb, paralysis, blindness, heart attack, stroke, brain damage or death.

Damage to teeth: I understand that if my teeth or gums are not in good condition, then teeth damage is more likely. I understand that if I have serious dental issues such as, severe gum disease, loose front teeth, loose crowns, any veneers, or if I already have multiple front teeth missing, then dental damage is much more likely with anesthesia, and in that case, I am accepting the risk and responsibility of damage to my teeth.

I understand that "DO NOT RESUSCITATE" orders (DNR) will be suspended during procedures/interventions where anesthesia or moderate to deep sedation is administered. A request for **DNR status** to be **retained** during procedures/interventions may be discussed on a case-by-case basis by patient/patient representative, the final decision on how to proceed will be made by the anesthesiologist/physician after considering my expressed wishes. The anesthesia provider has checked the plan below with a brief description of the expected results, technique and specific risks. I understand that I may discuss the plan before the procedure. For my safety or comfort, this plan may have to be changed before or during the procedure.

Anesthesia Procedure - Expected Result	Technique	Risks
<input type="checkbox"/> General Anesthesia - A total unconscious state without awareness or feeling. If no anesthesia gases, then referred to as TIVA .	Medicine is injected into an IV or inhaled into the lungs with a breathing tube or device in place. TIVA (Total IntraVenous Anesthesia) is IV only.	Sore throat, mouth or dental injury, pneumonia, vessel or nerve injury, heart attack, or stroke
<input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal A temporary decrease or loss of feeling and/or movement of the lower part of the body.	Medicine is injected through a needle or catheter into the spinal fluid (not the spinal cord) or just outside the spinal canal (the Epidural Space)	Headache, backache, infection, bleeding, nerve or vessel injury, persistent numbness or weakness
<input type="checkbox"/> Nerve Block – A temporary loss of feeling and/or movement to a limb or area: <input type="checkbox"/> Interscalene <input type="checkbox"/> Supraclavicular <input type="checkbox"/> Popliteal/Sciatic <input type="checkbox"/> Saphenous <input type="checkbox"/> Femoral <input type="checkbox"/> Ankle <input type="checkbox"/> TAP (Transversus Abdominus Plane) <input type="checkbox"/> Other:	Medicine is injected near a nerve or bundle of nerves to provide anesthesia and pain relief to a certain specific area of the body. <div><input type="checkbox"/> Right Side <input type="checkbox"/> Left Side</div> (Check applicable side or sides)	Infection, bleeding, persistent numbness or weakness, pain, convulsions, or failed block
<input type="checkbox"/> Monitored Anesthesia Care - Reduced pain and anxiety; partial or total amnesia	Medicine is injected into an IV to cause a sedated or semi-conscious state. Also referred to as TIVA	Pain, anxiety, awareness, unconsciousness, depressed breathing, general anesthesia
<input type="checkbox"/> Central Venous / Intracardiac Lines Insertions	Placement of monitoring catheters into a major blood vessel or the heart and lungs	Bleeding, infection, and/or blood vessel, heart, or lung damage
<input type="checkbox"/> Transesophageal Echocardiogram (TEE) Probe Placement	Flexible diagnostic probe placed through the mouth opening into the esophagus/stomach	Potential injury to lips, teeth, gums, throat, vocal cords, esophagus or stomach

I have read and understand this form (or had it read to me) and had a chance to discuss the plan with its risks and benefits as well as alternatives. I also understand that I will meet my anesthesia provider prior to my procedure with further opportunity to ask questions. This consent is given freely and voluntarily.

X

☐ **DNR Status Rescinded**

PATIENT SIGNATURE (or legally authorized person)

(Check if applicable)

Relation to patient, if not patient

Reason for signature other than by patient

WITNESS #1 SIGNATURE

Date / Time

WITNESS #2 SIGNATURE (If needed)

Date / Time

PHYSICIAN / ANESTHESIA PROVIDER SIGNATURE

MS -

ID Number

Date / Time

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INFORMED CONSENT FOR ANESTHESIA SERVICES
BC 7146 Rev. 11/22

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DO NOT PLACE LABEL ABOVE THIS LINE



DO NOT PLACE LABEL BELOW THIS LINE