

INFORMED CONSENT FOR SEDATION

- 1. Information.** I understand that there are several ways to provide sedation, which is a type of artificial sleepiness that occurs when drugs are given for the purpose of easing the discomfort of a procedure. Often sedation consists of local anesthetics (numbing medicines) in combination with other drugs that can produce varying levels of sleepiness to include minimal sedation (anxiolysis), moderate sedation/analgesia ("conscious sedation"), and deep sedation/analgesia. **Regional anesthesia** (nerve blocks, epidural, spinal) refers to the injection of a local anesthetic near major nerves to "numb" specific areas of the body and can be combined with the levels of sedation mentioned above. The possibility of major nerve damage is no different than that following general anesthesia. **General anesthesia** is a technique using medications given through a vein and gases to keep you deeply asleep. This will often be combined with medications to relax muscles and methods to provide adequate oxygen. Some operations can only be performed under General Anesthesia.

The current plan for my sedation is for _____
- 2. Complications and Risks.** I understand that in addition to the risks of surgery and sedation of any type carries its own risks. Complications that may arise include, but are not limited to the following: nausea/vomiting, headache, back pain, damage to blood vessels, teeth, eyes, nose and skin, sore throat, vocal cord injury, windpipe injury, urinary retention, changes in smell and taste, reactions to drugs, failure to recover from sedation, respiratory problems, drug reaction, infection, nerve injury, paralysis, kidney damage, brain damage, death, and injury to an unborn fetus. I understand I should not engage in activities requiring unimpaired physical and mental ability (e.g. driving) for 24 hours after completion of the procedure.
- 3. Understanding.** I understand that my sedation will be given by or under the supervision of someone who is trained and permitted to provide sedation. If this is a teaching facility, I understand that other personnel such as residents, interns, medical students, and student nurse anesthetists may be involved in my sedation care and will be supervised by a fully trained staff member. I understand that during my procedure additional monitoring may be necessary, which includes but is not limited to, arterial lines (small plastic needles placed in an artery to measure blood pressure) and central venous catheterizations (special type of plastic needle placed in a large vein).
- 4. Consent.** I have been given an explanation of the proposed sedation plan, and have been given the chance to ask questions about it as well as other options. The risks and hazards have been explained to me, and I feel I have enough information to give this consent. I consent to have sedation provided by appropriate medical personnel. I understand that during the administration of my sedation, conditions may arise which require change in the sedation plan, up to and including a general anesthetic. I therefore consent to procedures that good medical judgment considers wise and reasonable if it is medically not a good idea to delay the procedure until after my further written consent has been obtained.

**DO NOT SIGN THIS FORM UNLESS YOU HAVE READ IT,
UNDERSTAND IT, AND AGREE WITH WHAT IT SAYS.**

Patient Name or Name of person authorized to consent for patient	Signature	Date/Time
Witness	Signature	Date/Time
Counseling Physician / CRNA / Dentist	Signature	Date/Time
Patient Identification <i>(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; DOB; Rank/Grade.)</i>	Hospital or Medical Facility	
	Sponsor's Name	
	SSN/ID No.	