



FIRST COLONIES ANESTHESIA ASSOCIATES

CONSENT FOR ANESTHESIA

Planned type of anesthesia

- General Spinal Epidural Other regional anesthesia
Sedation with or without local anesthesia Monitoring only

Consent for anesthesia, related procedures and changes in plan

When I sign this consent, I am giving permission to be administered the planned type of anesthesia noted above. I understand the possibility that the type of anesthesia may need to be changed during my surgery or treatment. Also, there are certain procedures, such as placement of devices in the airway and insertion of catheters in blood vessels, which often accompany the administration of anesthesia, and therefore I consent to these as well. I realize that sedation may be given in conjunction with spinal, epidural and other regional anesthesia.

Risks of anesthesia

Anesthesia and any related procedures expose me to certain risks of harm. Such risks include common minor problems like a temporary sore throat or nausea and vomiting after a procedure. Less common but more troubling issues include a scratch on the eye (corneal abrasion), a dental injury during the placement of an airway device under general anesthesia, or a spinal headache after spinal or epidural anesthesia. Major injuries, such as nerve damage with residual pain, numbness or weakness, brain damage due to lack of oxygen, visual loss, heart attack, injury to the lungs from aspiration, awareness under general anesthesia and even death, are very rare but have occurred and can never be ruled out. Infection or bleeding at the site of catheter placement or an injection for regional anesthesia can also occur and in very rare cases can be life-threatening The preceding examples of risks are intended to be instructive, but do not include all possible harms associated with anesthesia.

Discussion and questions

I have discussed the anesthesia for my procedure with an anesthesiologist (or nurse anesthetist), and I have adequate information on which to proceed. My questions regarding the anesthesia have been answered to my satisfaction.

Blood transfusions

- I consent to receive blood or blood products should the doctor performing my procedure and my anesthesiologist believe that these are necessary for my well being. I understand that while serious problems, such as transfusion reaction or transmission of infection, are very rare, transfusion does involve potential risks.
I refuse to receive blood products under any and all circumstances, including death from bleeding. (Most facilities will require that you sign an additional form to document this refusal.)

Signatures

Patient or Legally Responsible Person

Relationship to Patient

Anesthesiologist or CRNA Securing Consent

Date

Time