

CONSENT TO THE ADMINISTRATION OF ANESTHESIA

I, _____, have been scheduled for a GI procedure. I understand that anesthesia services are needed so that my doctor can perform the procedure.

- In the event that the patient requires a translator, a translator will be provided.

It has been explained to me that all forms of anesthesia involve some risks and no guarantees or promises can be made concerning the results of my procedure or treatment. **ALTHOUGH RARE, SEVERE UNEXPECTED COMPLICATIONS CAN OCCUR WITH ANESTHESIA, INCLUDING THE POSSIBILITY OF INFECTION, BLEEDING, DRUG REACTIONS, BLOOD CLOTS, LOSS OF SENSATION, LOSS OF VISION, LOSS OF LIMB FUNCTION, PARALYSIS, STROKE, BRAIN DAMAGE, HEART ATTACK OR DEATH.** I understand that these risks apply to ALL forms of anesthesia and that additional or specific risks have been identified below as they may apply to a specific type of anesthesia. I understand that the type(s) of anesthesia service checked below will be used for my procedure and that the anesthetic technique to be used is determined by many factors including my physical condition, the type of procedure my doctor is to do, his or her preference, as well as my own desire.

- Monitored Anesthesia Care (with sedation)**
Drugs are injected into the bloodstream, producing a state of reduced anxiety and pain, with partial or total amnesia. Risks include the possibility of depressed breathing, nausea or vomiting, injury to blood vessels, aspiration of stomach contents, and/or the need for general anesthesia (total unconscious state which may necessitate the placement of a breathing tube into the windpipe).
- Monitored Anesthesia Care (without sedation)**
Vital functions are measured and supported, and the anesthesia team is present and available for further intervention as deemed necessary to complete the procedure safely. Risks include, but are not limited to anxiety and/or discomfort.

I hereby consent to the anesthesia service checked above and authorize that it be administered by: _____, who is credentialed to provide anesthesia services at this health facility. I also consent to an alternative type of anesthesia, if necessary, as deemed appropriate by them. I certify that I have read or have had it read to me and fully understand the above consent which has been preceded by an explanation from a representative of the Anesthesia Department. I acknowledge and am satisfied that I have been adequately informed concerning material risks, complications, possible alternatives and expected results if any, including not having anesthesia, and specifically consent to such. I certify and acknowledge that I had ample time to ask questions and to consider my decisions.

Patient Signature

Date and time

In the event that the above patient cannot sign for the following reason(s): (example: medical emergency, patient unconscious, incompetent, etc.) _____, _____ above consent is made on behalf of patient by:

Patient/Representative

Date and time

CERTIFICATION STATEMENT: The above named patient has been provided with an explanation of the risks and possible complications that are or may be associated with this procedure / treatment, benefits, alternatives, if any, including the likely outcomes of not performing the procedure / treatment.

Printed Name of Anesthesiologist

Date and time

Signature of Anesthesiologist

Date and time

Witness to Signature

Date and time