PHYSICIANS ANESTHESIA GROUP
ANESTHESIA CONSENT

Anesthesiology is a medical specialty that administers anesthetic agents to, monitors, and manages patients during the course of a medical, surgical, or obstetric procedure. After evaluation of your medical history, and considering the procedure scheduled, the anesthesiologist will select one of the following types of anesthesia for you.

General Anesthesia—Patients receiving general anesthesia will be in an unconscious state (asleep) during the procedure. Medications are given through an IV line in addition to anesthetic gases and oxygen which are breathed through one of the following:
1. Endotracheal tube-A tube that is placed through the mouth or nose and into the windpipe after sedation or induction of anesthesia.
2. Laryngeal Mask Airway-A tube with a small mask on the end that is placed into the throat but does not enter the windpipe.
3. Mask-A mask that goes on the face, covering the nose and mouth.

Regional Anesthesia-A type of anesthesia used to produce a temporary loss of sensation to a certain area of the body. Patients receiving regional anesthesia may be awake or sedated.
1. Epidural Anesthesia-A small catheter is inserted into the spinal area of the back and is used for injection of local anesthetic. The catheter remains in your back during the procedure, and may remain after surgery one to three days if needed for continued pain relief.
2. Spinal Anesthesia-Local anesthetic is injected into the spinal canal through a small needle. The needle is removed once the injection is complete.
3. Nerve Blocks-Local anesthetic is injected around the nerves affecting sensation at the site of the procedure.

Monitored Anesthesia Care (MAC)-IV and/or oral sedation. Patients receiving MAC anesthesia may be conscious and aware during the procedure. Vital signs are monitored as with general anesthesia.

I understand that my anesthesia care will be directed by an anesthesiologist (MD), and that other anesthesia personnel (CRNA) may be involved with my anesthesia care within the scope of their licensure. I understand that during my procedure, a change in the type of anesthesia may be required. I hereby consent to such change in the type of anesthesia as may be deemed necessary by my anesthesiologist.

I have informed anesthesia personnel of my medical problems, allergies, and medications that I take including prescriptions, OTC medications, herbal supplements, and illicit or street drugs. I have notified anesthesia personnel of the accurate last time I had anything to eat or drink. If applicable, I have informed anesthesia personnel of my pregnancy, and I hereby consent to the administration of anesthesia to the unborn child during the course of my procedure.

I understand that there are a number of risks associated with anesthesia. While serious complications from anesthesia do not occur frequently, there is always the risk that a complication could occur, and risks are higher for those with multiple medical problems and/or complex procedures. These risks and complications may include, without limitation, the following, however this is not an exhaustive listing of all possible events:

Sore throat
Dental damage
Backache
High and low blood pressure
Allergic reactions
Eye injury
Nerve injury
Heart rhythm changes
Respiratory failure
Heart Attack
Emboli (blood clots)
Hyperthermia
Congestive Heart Failure
Infection
Headache
Recall of events
Pneumothorax (collapsed lung)
Stroke
Seizure
Nausea and vomiting
Aspiration pneumonia
Brain damage
Death

I agree that the nature, purpose, risks and benefits of the anesthetic care alternatives for my procedure have been explained to me. I have had adequate opportunity to discuss my anesthesia care and ask questions of the anesthesiologist, and that my questions have been answered satisfactorily and in terms I can understand. I understand that the practice of medicine, including anesthesiology, is not an exact science, and I accept that no guarantees about the results of the anesthetic care have been made. I hereby agree that I have read and understand this Informed Consent for Anesthesia or that it has been read and explained to me. I give my full consent and authorization for the administration of my anesthetic care, and I agree to accept any associated risks or complications.

PATIENT OR LEGAL REPRESENTATIVE

DATE
TIME
WITNESS SIGNATURE

I certify that the type of anesthesia planned has been discussed with the patient or the patient’s legal representative. I have explained the purpose, risks, complications and anesthetic alternatives for the proposed procedure in plain language. I have answered all questions asked of me by the patient or their legal representative regarding the plan for anesthesia care.

TIME
DATE
ANESTHESIOLOGIST

ANESTHESIA CONSENT

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