

AMSURG Rockledge FL Anesthesia, LLC

Consent for Anesthesia

You, in consultation with your physician, have decided to undergo a procedure that requires anesthesia. Your anesthesia provider has explained your anesthetic options, medically acceptable alternatives, and the substantial and material risks and benefits of the proposed anesthesia. IT IS IMPORTANT THAT YOU, THE PATIENT, READ THIS CONSENT FORM CAREFULLY (or have it read to you) and that you ask questions about any information that you may not fully understand.

Your anesthesia provider will monitor you and may provide anesthesia by administering intravenous (injected through a catheter into your bloodstream) anesthesia drugs, such as Propofol to produce a semi-conscious (deep sedation) or unconscious (general anesthesia) state. Your level of consciousness may vary from semiconscious to unconscious depending on your response to the medications and your clinical needs. The intended plan for anesthesia is:

MONITORED ANESTHESIA CARE - Your anesthesia provider will monitor you and may provide **sedation** by administering intra-venous (injected through a catheter into your bloodstream) drugs to calm your anxiety and produce a semiconscious state. Your level of sedation may vary from light to deep, depending on your response to the medications and your clinical needs. The intended plan for anesthesia is:

- ☐ **MODERATE SEDATION:** Moderate sedation is a drug-induced state of consciousness during which you can still respond normally to verbal commands.
- ☐ **DEEP SEDATION:** Deep Sedation is a drug-induced depression of consciousness during which you cannot be easily aroused. While receiving anesthesia, you may be aware of your surroundings, may be able to hear and respond to your medical providers and/or may remember some or all of the procedure. Other medications to reduce anxiety or pain may be given in conjunction with deep sedation. Although rare, your level of consciousness may unintentionally progress to a totally unconscious state, depending on your response to the medications. Rarely, Deep Sedation cannot provide adequate relief or the medications used may severely depress (lower) your breathing or slow your heart rate, requiring the use of general anesthesia.

All forms of anesthesia involve some risks. No guarantees or promises can be made that you will not suffer a side effect or complication from your anesthesia. The determination of what type(s) of anesthesia are best for you depend on many factors including your physical condition, the type of procedure you are undergoing and the preferences of you and your physician. Rare, unexpected and *severe complications* can occur with all forms of anesthesia, including *infection; drug or allergic reactions, leading to cardiac arrest or death; nerve injury with loss of sensation or function; paralysis; stroke; bleeding; blood clots; damage to liver, kidney, lungs; heart attack; brain damage and even death.* Common side effects and specific complications of your planned anesthesia include, but are not limited to those identified below.

Risks and common side effects of anesthesia/sedation include:

- Nausea and/or vomiting
- Mild to moderate decreases in blood pressure and/or heart rate
- Injuries to the mouth, lips and surrounding areas
- Aspiration (inhaling stomach contents into the lungs), asthma attacks, and pneumonia (lung infection and/or swelling)
- Convulsion/ seizure
- Swelling, tenderness, bleeding and bruising at injection site
- Infection, swelling or other damage to blood vessels
- Soreness of the throat and hoarseness
- Nodules, polyps, or other damage to the vocal cords or windpipe
- Esophageal injury from gastric (stomach) tubes and/or esophageal dilators
- Rarely, there can be awareness under anesthesia. Dreams during anesthesia may be confused with recall of real events.

Teeth and dental prosthetics (such as dental implants, veneers, caps, crowns, and bridges) may become loose, broken, or dislodged, regardless of the care provided. By signing this consent, you are acknowledging that neither your anesthesia providers, physician, the facility, nor the company employing or engaging the anesthesia providers will be responsible for any dental damage or repair costs.

In order to minimize the possibility of aspiration, the patient is required not to eat or drink anything for a period of time before the procedure. It is extremely important not to eat or drink anything during this time because aspiration of food or stomach contents can lead to severe pneumonia, respiratory failure, and death

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Independent Practitioners: Anesthesia services are being provided by **AMSURG Rockledge FL Anesthesia LLC**.

I understand and agree that the anesthesia providers who furnish services to me are independent practitioners exercising their independent clinical judgment. **They are not employees or representatives (agents)** of the surgery center.

I understand that the administration of anesthesia will be supplied by, or under the direction and responsibility of, the anesthesia providers, which may include anesthesiologists, certified registered nurse anesthetists (CRNAs), anesthesiologist assistants (AAs) and from time to time, other healthcare professionals in training may be involved in my care and treatment.

By signing below, **I HEREBY CERTIFY** that I have read this consent form (or had it read to me) and that my anesthesia provider has fully explained it to me. I have had the opportunity to ask questions, all of which were answered to my satisfaction.

I understand the intended plan for anesthesia is: ☐ **Deep Sedation** ☐ **Moderate Sedation**

I understand my anesthetic options, alternatives, and the substantial and material risks and benefits of the proposed anesthesia. I do hereby consent to the administration of my chosen anesthesia, or changes to the plan as may be considered necessary or advisable.

I attest that I am 18 years of age or older, my judgment is not impaired by any legal or illegal substance, and I am signing this consent of my own free will and have not been forced by any person to consent to this procedure.

Signature of Patient or Parent/
Authorized Representative

Witness' Signature

Date/Time

Anesthesia Statement

I certify that I have explained to the patient (Parent/Authorized Representative) the anesthesia options and medically acceptable alternatives, the material or substantial risks and benefits (both short and long-term) and have allowed the patient (Parent/Authorized Representative) to ask questions.

Signature of Anesthesia Provider

Date/Time

Translation Services

_____ Translation services have been utilized.

This consent has been verbally translated into _____ for the benefit of the patient/patient's representative who understands this language better than English.

Translator's ID Number and/or Name

Translator's Signature (If Onsite)

Date/Time