UM Upper Chesapeake Health

☐ UCMC ☐ HMH ☐ UCSP

CONSENT TO ANESTHESIA

I consent to the administration and maintenance of anesthesia as planned by the anesthesia care team. I also consent to the procedures performed by the anesthesia care team in the provision of anesthesia including placing an intravenous catheter (IV) and maintaining an airway.

The risks associated with anesthesia include but are not limited to reactions to medications, worsening of a pre-exiting medical problem, bleeding, airway difficulties, infections and aspiration pneumonia. Drug reactions can include a rash, itching, burning, nausea, vomiting, dizziness, muscle aches, headache, emotional liability, hives, wheezing and, very rarely, shock. Maintaining an airway may include placement of an oral or nasal airway or an Endotracheal tube. Reactions to artificial airways include laryngospasm and wheezing, which require immediate corrective treatment. Manipulation of the airway may result in damage to caps, bridges or decayed teeth and very rarely to sound teeth. Some individuals experience a sore lip, gums, tongue, throat or hoarseness. If blood transfusion is necessary, there is a small risk of a transfusion reaction or infection.

Medical problems such as high blood pressure, asthma or heart conditions may occasionally worsen and require treatment. Intravenous catheters can cause inflammation, swelling, bleeding, bruising or phlebitis.

Aspiration pneumonia results from acid in the stomach being brought up into the lungs. Acid causes a chemical burn to the lungs and can be very serious. This is most common in individuals who have eaten recently.

Spinal, epidural or other blocks may cause problems. Minor problems include local pain, headaches, muscle aches and changes in blood pressure. Rarely, serious problems occur from infection, bleeding, inflammation or trauma. These may result in temporary or permanent nerve or brain damage.

Very rarely, patients may develop a cardiac or respiratory arrest, anaphylactic shock, malignant hyperthermia or airway closure. These are true medical emergencies which can cause temporary or permanent brain damage or death.

In general, the risk of anesthesia is proportionate to how sick you are. Healthy individuals with a normal airway are at low risk. Patients with serious medical problems or an abnormal airway are at increased risk. Respiratory infections in children increase the risk for complications.

Your anesthesia will be given by an anesthesiologist or by the anesthesia care team. The anesthesia care team is directed by an anesthesiologist in collaboration with a nurse anesthetist or an anesthesiologist's assistant (physician assistant). A nurse anesthetist is a registered nurse who has satisfactorily completed an approved nurse anesthesia training program. An anesthesiologist's assistant is a graduate physician's assistant who has satisfactorily completed an approved anesthesiologist's assistant training program at a university medical school.

The anesthesia plan has been explained to me. I understand the risks, the alternatives and all of my questions have been answered satisfactorily. I understand that there is no guarantee of results.

Patient: _____ Date: _____Time: _____ AM or PM

_____ _____ _____
Witness Date Time

_____ _____ _____
Member, Anesthesia Care Team Date Time

***IF PATIENT IS UNABLE OR INCAPABLE OF CONSENTING, HAVE APPROPRIATE REPRESENTATIVE SIGN:**

_____ _____ _____ & _____
Authorized Representative Signature Relationship to Patient Date Time

Document reason patient is unable to sign

☐ (1) Pt has a Designated Healthcare Agent on Medical POA or Advanced Directive
☐ (2) Pt is unable to communicate (Unconscious, Intoxicated, Sedated, etc.)
☐ (3) Pt lacks Capacity to Understand (Requires 2 Phys certification of incapacity)

If the patient is DNR then the back of this form is to be completed by the anesthesia provider.

DIRECTIVES LIMITING TREATMENT

I wish to limit treatment:

	Accept	Refuse
1. Blood product transfusions		
2. Tracheal intubation		
3. Chest compression/cardiac massage		
4. Defibrillation (electric shock to the heart)		
5. Cardiac pacing, internal or external		
6. Invasive monitoring		
7. Postoperative ventilatory support		
8. Vasoactive drug administration		
9. Other (specify) _____		

_____ _____ _____
Patient Signature * Date Time

_____ _____ _____
Anesthesia Provider Date Time

_____ _____ _____
Witness Date Time

***IF PATIENT IS UNABLE OR INCAPABLE OF CONSENTING, HAVE APPROPRIATE REPRESENTATIVE SIGN:**

_____ _____ _____ _____
Authorized Representative Signature Relationship to Patient Date Time

Document reason patient is unable to sign

- ☐ (1) Pt has a Designated Healthcare Agent on Medical POA or Advanced Directive
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- ☐ (3) Pt lacks Capacity to Understand (Requires 2 Phys certification of incapacity)

Reinstatement of the pre-operative resuscitation status is when the patient is discharged from PACU, or they enter a boarding status.