

Informed Anesthesia Consent

I acknowledge that my doctor has explained to me that I will have an operation, diagnostic or treatment procedure. My doctor has explained the risks of the procedure advised me of alternative treatments and told me about the expected outcome and what could happen if my condition remains untreated. I also understand that I requested anesthesia services so that my doctor can perform the operation or procedure. 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, unexpected severe complications with anesthesia can occur and include the remote possibility of infection, bleeding, drug reactions, blood clots, loss of sensation, 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. It has been explained to me that sometimes an anesthesia technique which involves the use of local anesthetics, with or without sedation, may not succeed completely and therefore another technique may have to be used including general anesthesia.

	Initials	Type	Description and Risks
<input type="checkbox"/>		General Anesthesia	Total unconscious state, with or without airway manipulation including endotracheal tube. This is achieved using oral, IV medication or anesthetic gases. This may result in injury to vocal cords, teeth, lips, eyes, awareness during the procedure, memory dysfunction/loss, permanent organ damage, as well as brain damage.
<input type="checkbox"/>		Deep Sedation	Near unconscious state, reduced anxiety, and pain, partial or total amnesia. Achieved using IV or oral medications, and anesthesia gases. This may result in awareness during the procedure, memory dysfunction/loss. May result in a medical necessity to convert to general anesthesia
<input type="checkbox"/>		Moderate Sedation	Semi-conscious state, reduced anxiety, and pain, partial or no amnesia. Achieved with IV and oral medication, or anesthesia gas. This may result in memory dysfunction/loss. May require conversion to deep or general anesthesia
<input type="checkbox"/>		Light Sedation	Conscious to Semi conscious state, reduced anxiety, and pain, partial or no amnesia. Achieved with IV and oral, medication or anesthesia gas. This may result in memory dysfunction/loss. May require conversion to moderate, deep, or general anesthesia

LEVEL UP

A N E S T H E S I A

I hereby consent to the anesthesia service checked above and authorize that it be administered by those who are privileged to provide anesthesia services Level Up Anesthesia. I consent to an alternative type of anesthesia, if necessary, as deemed appropriate by them. I also consent for additional trained personnel (i.e., EMS) to perform tasks deemed appropriate (i.e., Intubation, IV start, etc.) under the direct supervision of the surgeon/anesthesia provider. I certify and acknowledge that I have read this form or had it read to me, that I understand the risks, alternatives and expected result of the anesthesia service; and that I had ample time to ask questions and to consider my decision.

I understand that no promises have been made to me as to the result of anesthesia/analgesia methods. This form has been fully explained to me, I have read it or had it read to me, the blank spaces have been filled in, and I understand its contents.

X

Signature of Patient or Legal Guardian

X

Date and Time

X

Relationship to Patient

X

Print Name

I have reviewed and discussed with the patient or their legally authorized representative the procedure(s) planned and the likelihood of achieving care and treatment goals, risks, reasonable alternatives to the planned procedure(s) including risks hazards and benefits related to the alternatives.

X

Anesthesia Provider

X

Print Name

X

Date and Time