

Anesthesiology Informed Consent

East Carolina Anesthesia Associates

It has been explained to me by the Anesthesia Care Team Member signing below that the type of anesthesia is chosen based on the procedure, the patient's health history and preferences of the patient, surgeon and anesthesiologist. I understand that an anesthesia care team, consisting of a physician anesthesiologist and anesthetist will provide my care. A student nurse anesthetist may assist the anesthesia care team in providing my care. I know that receiving anesthesia for any procedure involves risks as well as benefits, and that no guarantees can be made concerning my outcome or treatment. RARELY, SEVERE AND UNEXPECTED COMPLICATIONS CAN OCCUR WITH EACH TYPE OF 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. All procedures carry specific risks, which may include but are not limited to:

MONITORED ANESTHESIA CARE (MAC): injury to teeth, mouth or eye, nausea, vomiting, aspiration, hoarseness, nerve damage due to positioning, awareness of the procedure.

GENERAL ANESTHESIA: sore throat, injury to teeth, mouth or eye, nausea, vomiting, aspiration, hoarseness, nerve damage due to positioning, prolonged intubation, awareness of procedure.

REGIONAL ANESTHESIA: headache, muscle soreness, change in breathing or blood pressure, nerve injury or seizure, injury to blood vessels, lung collapse.

MONITORS: (arterial line, central venous catheter, pulmonary artery catheter, transesophageal echocardiogram): injury to teeth or mouth, injury to artery, vein or nerve, lung collapse, esophageal injury, problems swallowing and change in heart rhythm.

Planned procedure: _____

Date: _____

Based on my current condition and expected surgical procedure, I understand that the most likely anesthetic technique will be

Monitored Anesthesia Care (MAC) General Anesthesia Regional Anesthesia (spinal, epidural, peripheral nerve block)

Other: _____

Changes in my medical condition, scope of surgical procedure, or recommendations from my attending anesthesiologist on the day of surgery may require the use of different or additional techniques and monitors, including general anesthesia. I have had the opportunity to ask questions.

I _____ am satisfied with the information provided and give consent for

_____ (myself or Patient name).

Signature of Patient

Date

Time

Signature of Anesthesia Care Team Member

Date

Time

Signature of Legal Representative

Relationship to Patient

Date

Time

Witness #1 to signature (Employee or volunteer of a health care entity excluding family member)

Date

Time

Witness #2 (Required for telephone consent or competent patient physically unable to sign)

Date

Time

*Document reason competent patient unable to sign: _____

Interpreter/Reader (if applicable)

Patient Label
placed here

WakeMed
Anesthesiology Informed Consent



