

PURPLE

## CONSENT TO PROVIDE ANESTHESIA

The consent for anesthesia is provided entirely voluntarily. The purpose of the following information is to inform you about the choices, benefits, risks and alternatives related to the treatment under anesthesia. There are several choices of the **level of anesthesia** and **routes of administration**. Dr. Jana Osmolinski will tailor the anesthetic plan to your specific needs and procedure requirements.

I hereby authorize and request Dr. Jana Osmolinski to administer anesthesia as previously discussed with me during the pre-anesthetic evaluation. I understand and agree, that procedures not talked about, but deemed necessary for my well-being, may be performed to supplement the planned anesthesia. It has been explained to me that all types of anesthesia, although safe, involve some risks and no guarantees can be made concerning results.

Serious complications are very rare, however some **minor complications** may be associated with administration of anesthesia (*please initial each point after all questions were answered*):

- drowsiness \_\_\_\_\_
- nausea and vomiting \_\_\_\_\_
- pain, bruising, swelling at the IV site \_\_\_\_\_
- sore throat and hoarseness \_\_\_\_\_
- muscle aches \_\_\_\_\_
- headache \_\_\_\_\_
- injuries to lips or teeth \_\_\_\_\_
- temporary or permanent numbness \_\_\_\_\_
- unexpected drug reaction \_\_\_\_\_
- infection at intravenous site \_\_\_\_\_
- bleeding and injury to the nasal passages \_\_\_\_\_
- lung infection \_\_\_\_\_
- eye injury or infection \_\_\_\_\_
- weakness in breathing after awakening \_\_\_\_\_
- nerve damage \_\_\_\_\_
- heart injury \_\_\_\_\_
- brain damage or death \_\_\_\_\_

I confirm that I have not had **anything to eat or drink** (other than indicated medications with the smallest amount of water) for at least **8 hours prior to anesthesia**. I also confirm that there has not been any changes in my medical status since the anesthesiologist latest evaluation. I understand that anesthetics and medications could be harmful to the unborn child and may cause birth defects or spontaneous abortions.

I have been advised of and completely understand the **benefits, risks and alternatives** of local anesthesia, sedation and general anesthesia. I accept the possible risks and dangers. I knowledge the receipt of and understand both the **preoperative and postoperative anesthesia instructions**. I have had the **opportunity to ask questions** about anesthesia services and I am satisfied with the information provided to me.

I consent to the provision of anesthesia deemed appropriate by my anesthesiologist. I acknowledge that I have read this form or had it read to me, and that I understand the risks, alternatives and expected results of the anesthetic plan of care.

\_\_\_\_\_  
Patient name

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian name

\_\_\_\_\_  
Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness name

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date