

AUTHORIZATION AND INFORMED CONSENT FOR ANESTHESIA

Anesthesia exists along a continuum. For some medications there is no specific line that distinguishes when their pharmacological properties bring about the transition from pain control to anesthetic effects. Furthermore, each patient may respond differently to different types of medications. It is my understanding that I may receive any and/or a combination of the anesthesia types listed below based on the discretion of my anesthesia provider.

Anesthesia Types and Complications:

Moderation Sedation/Analgesia ("Conscious Sedation")

A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patient airway, and spontaneous ventilation is adequate. Risks include injury or damage to mouth, teeth or dental work. Cardiovascular function is usually maintained. Although rare, unexpected severe complications may occur including difficulties breathing, cardiac arrest and death. Not defined as anesthesia.

Deep Sedation

Including an unconscious or semi-conscious state with some degree of arousal, occasional purposeful movement. The use of a breathing tube in the windpipe and other airway devices is unlikely. Intravenous medications will provide the anesthesia. Risks include mouth or throat pain, hoarseness, injury or damage to mouth, teeth or dental work, awareness of intraoperative events, injury to blood vessels, aspiration, and pneumonia. Although rare, unexpected severe complications may occur including difficulties breathing, cardiac arrest and death.

General Anesthesia

A drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway with likely placement of an oral airway or other, breathing device. Risks include mouth or throat pain, hoarseness, injury or damage to mouth, teeth or dental work, awareness of intraoperative events, injury to blood vessels, aspiration and pneumonia. Although rare, unexpected severe complications may occur including difficulties breathing, cardiac arrest and death.

I understand and agree that the persons administering anesthesia are independent contractors and may not be employees or agents of the attending physician or the facility.

Consent for the Administration of Anesthesia:

I consent to the administration of sedation/anesthesia as required for the procedure. I understand and acknowledge that all forms of sedation/anesthesia involve some risks and the facility can make no guarantees or promises concerning the results or outcome of the anesthesia plan of care. If you have ever had a severe allergic reaction to ANY medication, substance or environment (including latex or a bee sting) you must tell your physician and the anesthesia provider before we give you medication or other substances. I understand the possible complications of the planned anesthesia care as they have been explained to me. I hereby authorize the following anesthesia provider to provide my sedation/anesthesia:

_____ Chris Tataru, M.D. _____ Other _____

Certification and Signatures:

I certify that I understand the information regarding the administration of sedation/anesthesia and that I have been fully informed of the risks and possible complications there of, as well as, medically acceptable alternatives to my sedation/anesthesia plan. I have been given ample opportunity to ask questions, and any questions I have asked have been answered or explained in a satisfactory manner.

I hereby authorize and permit the physician and whomever he/she may designate as his/her assistants to administer sedation/anesthesia.

If any unforeseen condition arises during the procedure calling in his/her judgment for additional procedures or medications, I further request and authorize him/her to do whatever he/she deems advisable.

I certify that I have been informed that I will receive sedation/anesthesia for this procedure. I understand that I should not drive, operate machinery, make critical decisions, or drink any alcohol until the day after my procedure. I have signed this form prior to receiving sedation/anesthesia.

Patient Signature _____

Date _____

Witness Signature _____

Time _____

Physician Signature _____