

CONSENT FOR ANAESTHESIA/SEDATION

Date _____ Patient Name _____ Age _____
Gender _____ UND _____ I.P. No. _____

Diagnosis : _____

Operative Procedure/Operation : _____

Type of Anesthesia : Local/General/Spinal/Epidural/Nerve Block

I _____ (Patient Name), give my full consent as an act of my own free will to undergo the following surgery/Procedures _____ at The _____ Hospital. I undersigned that above mentioned Procedure necessitates the administration of local/ sedation/regional/general for any combinations there of to provide pain management during and/or after surgery I hereby authorize Dr. _____ (Anaesthesiologists Name) and their associates to provide the required anaesthesia service. I understand that the anaesthetic agent could be administered by injecting in to the blood stream, breathed into the lungs injected through a needle/catheter placed either directly into the spinal canal or immediate outside the spinal canal, Nerve block is achieved by injecting agent near the nerves.

I understand that the result and effects of anaesthesia depends on the type administered and it can vary from temporary decreased loss of feeling/numbness, loss of movement to total unconscious state. I have been explained that all forms of anaesthesia involve some risks and no guarantees or promises can be made concerning the result of procedure/treatment. I understand that there are some infrequent, complications that can occur due to use of anaesthesia. These include bruising, pain or some injury at the site of injections, temporary breathing difficulties, temporary nerve damage, muscle pains, asthmatic reactions, headaches, the possibility of sensation during the operation (especially with caesarean section and some emergency procedures), damage to teeth and dental prosthesis, lip and tongue injury, temporary in speaking or hoarseness and epileptic seizure. There can also be some very rare, serious complications including heart attack, stroke, severe allergic or sensitivity reactions, brain damage, Kidney or liver failure, lung damage, paraplegia or quadriplegia, permanent nerve or blood vessel damage, eye injury, damage to the larynx (Voice box) and vocal cords, pneumonia and infection from blood transfusion. The possibility of more serious complications including death is quite remote, but it does exist. I have been explained in the language known & understood by me about the nature of the surgery/Procedure, type of anaesthesia used, and its benefits, and costs, risks associated with it, other alternatives and its prognosis. I understand that Local anaesthesia with or without sedation may not be successful and therefore an alternative method may be used as deemed necessary.

Consent of Patient Representative/Surrogate

The Patient is unable to consent because _____ and hence I, _____ (name/ relationship with PL) therefore give my consent on behalf of the patient after discussion with the Doctor for the above mentioned Surgery/Procedure

| | Name | Signature | Date | Time |
|---------------------------|------|-----------|------|------|
| Patient/Patient Surrogate | | | | |
| Witness | | | | |
| Doctor | | | | |
| Interpreter | | | | |