

McLaren Print System Order

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 User: Pamela Sweeney
 Phone: 989-269-9521

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 1100 Van Dyke
 Bad Axe, MI 48413

Forms

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CONSENT FOR ANESTHESIA SERVICES

It has been explained to me that all forms of anesthesia involve some risks and no guarantee or promise 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 reactions, breathing stops, reactions, blood clots, loss of sensation, loss of joint 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 specific type of anesthesia. I understand that the typical 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 the doctor is to do, his or her preference, as well as my own choice. It has been explained to me that sometimes an anesthetic technique which involves the use of local anesthetics, with or without sedation, may not be used if I am not comfortable with the risks and benefits of the technique to be used including general anesthesia.

General Anesthesia	Consent	Technique
With sedation	<input type="checkbox"/>	Full anesthetic mask, positive pressure of a tube into the airway
Without sedation	<input type="checkbox"/>	May be applied into the bloodstream, breathed into the lungs, or by other means
Special or Special Anesthesia Services	Consent	Requires sedation or loss of feeling and/or movement to lower part of body
With sedation	<input type="checkbox"/>	Drug injected through a needle/catheter placed either directly into the spinal canal or indirectly into the spinal canal
Without sedation	<input type="checkbox"/>	Headache, dizziness, lightheadedness, nausea, vomiting, allergic reactions, respiratory depression, hypotension, bradycardia, spinal fluid leak, spinal fluid infection
Block Anesthesia Services	Consent	Provides loss of feeling and/or movement of specific area or areas
With sedation	<input type="checkbox"/>	Drug injected into nerve providing loss of sensation to the area of the operation
Without sedation	<input type="checkbox"/>	Infection, dizziness, weakness, persistent numbness, "recalled pain", spinal fluid leakage
Intermediate Regional Anesthesia	Consent	Provides loss of feeling and/or movement of entire
With sedation	<input type="checkbox"/>	Drug injected into nerve of arm or leg while using a tourniquet
Without sedation	<input type="checkbox"/>	Infection, dizziness, persistent numbness, neural pain, injury to blood vessels
Regional Anesthesia Case	Consent	Delivered around or upon period of total anesthesia
With sedation	<input type="checkbox"/>	Drug injected into the bloodstream, breathed into the lungs, or by other means providing a total anesthesia case
Without sedation	<input type="checkbox"/>	Management of risk signs, monitoring of anesthesia provider for safety
Monitored Anesthesia Case	Consent	Management of risk signs, monitoring of anesthesia provider for safety
Without sedation	<input type="checkbox"/>	Management of risk signs, monitoring of anesthesia provider for safety

I hereby consent to the anesthesia service checked above and authorize that it be administered by the Department of Anesthesia, all of whom are credentialed to provide anesthesia services at McLaren Thumb Region. I also consent to an alternative type of anesthesia, as deemed appropriate by them.

I understand and acknowledge that I have read this form or had it read to me, that I understand the risks, alternatives and results of the anesthesia service and that I had ample time to ask questions and to consider my decision.

Signature of Patient: _____ Date: _____
 Signature of Nurse or Registered Anesthetist: _____ Date: _____
 Anesthesia Provider (Patient was seen, anesthesia options discussed and chart reviewed) _____ Date: _____
 Witness: _____ Date: _____