

McLaren Print System Order

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 1100 Van Dyke
 Bad Axe, MI 48413

Forms

Quantity: 100
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Item Number: 051.108
 Item Description: ﻿Consent for Anesthesia Services
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CONSENT FOR ANESTHESIA SERVICES

I have been explained to me that all forms of anesthesia involve some risks and no guarantees or promises can be made concerning the results of my procedure or treatment. Although some unexpected serious complications with anesthesia can occur and include the remote possibility of infection, bleeding, drug reactions, blood clots, loss of sensation, loss of limb 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 type of anesthesia service described 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 and that the anesthetic technique to be used is determined by many factors including my physical condition, the type of procedure my 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 anesthesia, with or without sedation, may not succeed completely and therefore another technique may have to be used including general anesthesia.

General Anesthesia	Consent	Technique	Risks
	Consent	Drug injected into the bloodstream, breathed into the lungs, or by other means.	Mouth or throat pain, hoarseness, injury to mouth or teeth, aspiration, severe allergic reaction, low blood pressure, low oxygen saturation.
Spinal or Epidural Anesthesia	Consent	Drug injected through a needle/needleless device either directly into the spinal canal or epidural space.	Headache, dizziness, nausea, vomiting, low blood pressure, urinary retention, infection, nerve damage, spinal cord injury, epidural hematoma, epidural abscess, allergic reaction, low oxygen saturation.
Block - Block - Block	Consent	Temporary loss of feeling and/or movement of specific limb or area.	Temporary loss of feeling and/or movement of specific limb or area.
Local Anesthesia	Consent	Drug injected into tissue, providing loss of sensation to the area of the operation.	Infection, cellulitis, abscess, hematoma, persistent numbness, neural pain, injury to blood vessels.
Regional Anesthesia	Consent	Temporary loss of feeling and/or movement of entire limb.	Temporary loss of feeling and/or movement of entire limb.
Regional Anesthesia - Case	Consent	Drug injected into nerve or plexus, partial or total anesthesia.	Headache, dizziness, nausea, vomiting, low blood pressure, urinary retention, infection, nerve damage, spinal cord injury, epidural hematoma, epidural abscess, allergic reaction, low oxygen saturation.
Regional Anesthesia - Case	Consent	Drug injected into the bloodstream, breathed into the lungs, or by other means, providing a deep conscious sedation.	Mouth or throat pain, hoarseness, injury to mouth or teeth, aspiration, severe allergic reaction, low blood pressure, low oxygen saturation.
Regional Anesthesia - Case	Consent	Consent to use type anesthesia of anesthesia provider for United States.	

Spec Info:

I hereby consent to the anesthesia services described 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 consent to an alternative type of anesthesia, as deemed appropriate by them.

I certify and acknowledge that I have read this form or had it read to me, that I understand the risks, alternatives and expected 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 Legal Representative: _____ Date: _____
 Anesthesia Provider (Patient was seen, anesthesia options discussed and chart reviewed): _____ Date: _____