

## McLaren Print System Order

Order No: 90315  
 Order Date: 2024-11-22  
 User: Jennifer Melcher  
 Phone: 989-779-5637

Ship Location: McLaren Central Michigan / Attn: Jessica Losey in P.A.T.  
 1221 South Dr  
 Mt Pleasant, MI 48858

Form  
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Item Number: CEN-003 (655-788)  
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McLAREN CENTRAL MICHIGAN  
 1221 SOUTH DRIVE, MT. PLEASANT, MI 48858  
**ANESTHESIA CONSENT**



**DISCLOSURE AND CONSENT – ANESTHESIA AND/OR PERIOPERATIVE PAIN MANAGEMENT (ANALGESIA) TO THE PATIENT:** You have the right as a patient, to be informed about your condition and the recommended anesthetic/analgesia to be used so that you may make the decision whether or not to receive the anesthetic/analgesia after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you, it is simply an effort to make you better informed so that you may give or withhold your consent to the anesthetic/analgesia.

I voluntarily request that anesthesia and/or perioperative pain management care (analgesia) as indicated below be administered to me (the patient). I understand it will be administered by an anesthesia provider and/or the operating practitioner, and such other health care providers as necessary. Perioperative means the period shortly before, during, and shortly after the procedure.

I understand that anesthesia/analgesia involves additional risk and hazards, but I request the use of anesthetic/analgesia for the relief and protection from pain during the planned and additional procedures. I realize the type of anesthesia/analgesia may have to be changed possibly without explanation to me.

I understand that serious, but rare, complications can occur with all anesthetic/analgesic methods. Some of these risks are breathing and heart problems, drug reactions, nerve damage, cardiac arrest, brain damage, paralysis, or death.

I also understand that other complications may occur. Those complications include (but are not limited to) (Check planned anesthesia/analgesia method(s) and have patient/other legally responsible person initial.)

**GENERAL ANESTHESIA** – Post-op nausea/vomiting, drug allergy, injury to vocal cords, teeth, lips, eyes, awareness during the procedure, memory dysfunction/memory loss, permanent organ damage, brain damage, death.

**REGIONAL BLOCK ANESTHESIA/ANALGESIA** – nerve damage, persistent pain and (twitching, bleeding/ hematoma, infection, local anesthetic toxicity leading to seizures, respiratory and/or cardiac arrest, medical necessity to convert to general anesthesia, brain damage.

**SPINAL ANESTHESIA/ANALGESIA** – nerve damage, persistent back pain, headache, infection, bleeding/epidural hematoma, chronic pain, medical necessity to convert to general anesthesia, brain damage.

**EPIDURAL ANESTHESIA/ANALGESIA** – nerve damage, persistent back pain, headache, infection, bleeding/epidural hematoma, chronic pain, medical necessity to convert to general anesthesia, brain damage.

**MONITORED ANESTHESIA CARE (MAC) or SEDATION/ANALGESIA** – memory dysfunction/memory loss, medical necessity to convert to general anesthesia, permanent organ damage, brain damage.

**LABOR EPIDURAL ANESTHESIA/ANALGESIA** – I understand the following, among others, are possible complications or risks of the epidural and that while they are uncommon, they have been reported in the medical literature:

- Spec Info:**
- Hypotension (low blood pressure).
  - Back pain.
  - Temporary nausea and vomiting.
  - Breakage or needles, catheters, etc. possibly requiring surgery.
  - Infection.
  - Hematoma (blood clot) possible requiring surgery.
  - Postural puncture (spinal) headache which may require medical therapy and/or epidural blood patch.
  - Persistent area of numbness and/or weakness of the lower extremities (legs).
  - Rapid absorption of local anesthetics causing dizziness and seizures.
  - Temporary total spinal anesthesia (requiring life support systems).
  - Respiratory and/or cardiac arrest (requiring life support systems).
  - Fetal distress resulting from one of the above complications.
- Additional Comments/Notes: \_\_\_\_\_