



NAME

DOB

MRN

## Consent for Anesthesia

(to be completed by an Anesthesia provider)

You are scheduled for treatment(s)/procedure(s) requiring anesthesia services. A faculty anesthesiologist (licensed anesthesia doctor) from the UCSF Department of Anesthesia and Perioperative Care will be in charge of your anesthesia care. Your anesthesia will be given by the faculty anesthesiologist, a certified registered nurse anesthetist (CRNA) or an anesthesia resident (anesthesia doctor in training). Nurse anesthetists and residents always work under the supervision of an anesthesiologist. Additional members of your anesthesia team may include Nurse Anesthetist Residents, emergency medicine residents, critical care fellows and medical students.

### Risks of Anesthesia

Anesthesia today is safer and more effective than ever before. Severe complications happen very rarely, however permanent disabilities and even death have occurred. It is important to know that your **anesthesia provider will continually watch you** during the procedure for any possible problems. After anesthesia, a nurse will check on you regularly and treat any pain or discomfort you may have. In the **recovery area**, an anesthesiologist must see you before you can leave to make sure you are safe. If necessary, your anesthesia care team may transfer you directly to the intensive care unit (ICU) for further treatment and close monitoring.

It is important to tell your anesthesia provider your **medication allergies** and **complete medical history**. Your other medical conditions can become worse during surgery, or may make having anesthesia and surgery more dangerous.

It is also very important that you closely follow the instructions about eating and drinking before your surgery. Failing to follow these instructions can put you at risk for a **life-threatening pneumonia**.

### Sedation

The anesthesia provider may give you medications to **calm your nerves** and **treat pain or discomfort** during your procedure or treatment, without having you go to sleep completely. This is called **MONITORED ANESTHESIA CARE**, or *sedation*.

You might be **aware of your surroundings**, but your anesthesia provider will give you enough medication to make sure you are **as comfortable as possible**. Medications used for sedation can slow your breathing. If severe, this could require a change to general anesthesia.

### General Anesthesia

For **GENERAL ANESTHESIA**, the anesthesia provider will give you medications that will **put you to sleep (temporarily unconscious)** during the procedure or treatment so you will not be aware of what is happening nor feel any pain or discomfort. It requires placing a **breathing tube** and connecting you to a breathing machine until the medication wears off, or longer if necessary.

The most common side effects of general anesthesia include **sore throat, nausea, vomiting, and dizziness**. These can occur despite our best efforts to avoid them. When placing a breathing tube, there is a small risk that the anesthesia provider can **damage your teeth**. This risk increases if you have loose teeth or other dental problems.

With any medication given, you can have an **allergic reaction**. Even if you have a severe reaction, your anesthesia providers are usually able to treat these reactions early enough to keep you safe.

Rare but severe problems from general anesthesia include **heart attack, pneumonia, nerve damage and stroke**. Very rarely, general anesthesia can fail to sedate you completely and you may remain aware of your surroundings (anesthesia awareness).

## Regional Anesthesia

For **REGIONAL ANESTHESIA (nerve block)**, including **Spinal or Epidural Anesthesia**, the anesthesia provider will inject a numbing medication close to nerves. This will cause a **temporary loss of feeling and movement** in the part of the body where the procedure or treatment will be performed. You can be awake, but you can be given medication to make you sleepy (see "Monitored Anesthesia Care" above). Sometimes, a nerve block can be done **after** your procedure to help treat your pain.

**Discomfort at the injection site and incomplete blocks** are the most common side effects from regional anesthesia. You may require additional pain medications, another nerve block, or general anesthesia to make you completely comfortable. Very rarely, **bleeding, infections, and nerve damage** have occurred with regional anesthesia. One out of 100 patients develop a **headache** with spinal or epidural anesthesia, which is usually mild and temporary. This headache can most often be treated with common pain medicines.

For some procedures we will have to place a catheter into one of your arteries (most often at the wrist) to **monitor your blood pressure very closely** and take blood samples. If we need to give medications directly to the heart or if we cannot use other veins, we place a central venous catheter in a blood vessel on your neck, near your shoulder or in your groin. Risks of procedures to access blood vessels include infections, bleeding, and damage to nerves and vessels.

Notes (e.g. A-line, central line, Jehova's witness):

## Confirmation of informed consent

I have spoken to an anesthesia provider about my anesthetic choices. I have been as truthful and complete as possible about my medical history. He/she has explained the specific **types, benefits, risks, and options for anesthesia**.

My questions have been answered. **I give consent to care as deemed safest by my anesthesia providers.**

I understand that anesthesia type and risk may vary from procedure to procedure. Before each new procedure, an anesthesia provider will explain my anesthetic and **I will always have the chance to ask questions.**

This consent for anesthesia is **valid for my scheduled procedure and potential related procedures.** I may withdraw my consent at any time.

**Patient** ( phone/ verbal consent)

**X** \_\_\_\_\_ Date/Time: \_\_\_\_\_

Signature of patient or representative. If a surrogate, relationship:  
 Spouse/Domestic Partner,  Parent,  Adult Child,  Other Family Member: \_\_\_\_\_,  Power of Attorney for Health Care,  Conservator,  Surrogate orally designated by patient during this admission.

## Anesthesia Provider

I, the undersigned physician/CRNA, certify that I have discussed the procedure described in this consent form with this patient (or the legal representative).

Printed Name: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Signature/CHN: \_\_\_\_\_

## Interpreter (if applicable)

Name or Interpreter ID: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone interpreter services used

## Witness (member of healthcare team):

Printed Name: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Signature/CHN: \_\_\_\_\_

I acted as an interpreter for this consent discussion.