

Informed Consent for Anaesthesia

Name:	Age (in years):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
UHID No./Registration No.:		
Interpreter Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Consultant's Name:	

I,.....have been scheduled for a surgery under Dr.
 I understand that anesthesia services are needed so that my doctor can perform the operation or procedure. I hereby authorise Dr.....and/or his/her designee who will be monitoring my health throughout the procedure and whose goal will be to ensure a safe and comfortable surgery to administer anaesthesia. It has been explained to me, however, that all forms of anaesthesia involve some risks, even at the hands of most competent and experienced anaesthesiologists.

I understand that the administration of anaesthesia involves certain risks and that additional or specific risks have been identified as they may apply to a specific type of anaesthesia. I understand that the type(s) of anaesthesia services indicated will be used for my procedure and that the anaesthetic technique to be used will be determined by many factors including physical condition, the type of procedure, my doctor's preference, as well as my own desire. It has been explained to me that sometimes an anesthesia technique that involves the use of local anesthetics with or without sedation, may not succeed completely and therefore another technique may be used including general anesthesia. I understand that these risks have been listed to me to help me make an informed decision.

<input type="checkbox"/> General anaesthesia	Expected result	Total unconscious state, possible placement of a tube into the windpipe.
	Technique	Drug injected into the bloodstream or breathed into the lungs.
	Risks (included but not limited to)	Mouth or throat pain, hoarseness, injury to mouth/teeth or dental work, eye abrasions, injury to blood vessels, aspiration, pneumonia, visual loss following surgery in prone position.
<input type="checkbox"/> Spinal/Epidural Analgesia/Anaesthesia with or without sedation	Expected result	Temporary decreased or loss of feeling and/or movement of a specific limb or area.
	Technique	Drug injected through a needle/catheter place either directly into spinal canal or immediately outside spinal canal.
	Risks (included but not limited to)	Headache, backache, buzzing in ears, convulsions, infection, persistent weakness, numbness, residual pain, difficulty in passing urine, hematoma, "total spinal".
<input type="checkbox"/> Nerve block with or without sedation	Expected result	Temporary loss of feeling and/or movement of a limb and/or area.
	Technique	Drug injected near the nerves providing loss of sensation and/or movement in the area of operation.
	Risks (Included but not limited to)	Infection, convulsions, weakness, persistent numbness, residual pain, injury to blood vessels.
<input type="checkbox"/> Intravenous (IV) regional anaesthesia with or without sedation	Expected result	Temporary loss of feeling and/or movement of a limb.
	Technique	Drug injected into veins of arms or leg using tourniquet (a device for stopping the flow of blood through a vein or artery, by compressing a limb with an elastic bandage.)
	Risks (include but not limited to)	Infection, convulsions, numbness, residual pain, injury to blood vessels.
<input type="checkbox"/> Monitored anaesthesia care with sedation	Expected Result	Reduced anxiety and pain, partial or total amnesia.
	Technique	Drug injected into the bloodstream or breathed into the lungs.
	Risks (include but not limited to)	Unconsciousness state, depressed breathing, injury to blood vessels.
<input type="checkbox"/> Monitored anaesthesia care without sedation	Expected Result	Vital signs measurement, need of anaesthetist for further intervention.
	Technique	None.
	Risks (include but not limited to)	Increased awareness, anxiety and/or discomfort.

Informed Consent for Anaesthesia

Individual Risks (To be filled by the anaesthesiologist)

I understand that according to my medical history and type of surgery planned, I come under the following risk stratification for surgery and anaesthesia:

ASA – Physical Status Classification	Individual factors increasing risk	Possible adverse events
(ASA 1)	<ul style="list-style-type: none"> • Difficult airway • Upper respiratory infection • Diabetes Mellitus • Hypertension • Frequent attacks of asthma/COPD • Obesity/Obstructive sleep apnea 	<ul style="list-style-type: none"> • Intraoperative bronchospasm • Food particles in windpipe
(ASA 2)		
(ASA 3)	<ul style="list-style-type: none"> • All mentioned above (ASA 1 and ASA 2) • Thyroid disorders • Anaemia • Taking blood thinners • Coronary artery disease • Poor myocardial function • Heart valve abnormalities 	<ul style="list-style-type: none"> • All mentioned above (ASA 1 and ASA 2) • Postoperative myocardial infarction • Postoperative mechanical ventilation • Postoperative inotropic support • Blood clot in legs/lungs/brain
(ASA 4)		
(ASA 5)	<ul style="list-style-type: none"> • All mentioned above (ASA 1 to ASA 4) • Heart rhythm abnormalities • Recent cardiac bypass/stenting • Presence of blood clot in lower limbs • Renal failure 	<ul style="list-style-type: none"> • All mentioned above (ASA 1 to ASA 4) • Blockade of coronary stent • Stroke/brain damage • ICU stay • Related to blood transfusion
(ASA 6)		
Emergency (E) Surgery ASA 1 (E) ASA 2 (E) ASA 3 (E) ASA 4 (E) ASA 5 (E)	<ul style="list-style-type: none"> • All mentioned above (ASA 1 to ASA 6) • Electrolyte imbalance • Substance abuse • Massive bleeding preoperatively • Inadequate time for medical workup • History not elicitable • Ongoing heart attack • Collapse during an interventional procedure • Full stomach • Others 	<ul style="list-style-type: none"> • All mentioned above (ASA 1 to ASA 6) • Anaphylaxis • Post-operative confusion • Visual loss • Others

Patient Specific Risks:

1) 2) 3) 4) 5)	In case of being high risk (Please specify)	
	Cause of being high risk:	Possible complications
1)	1)	1)
2)	2)	2)
3)	3)	3)
4)	4)	4)
5)		

Informed Consent for Anaesthesia

Specific Notes Related to Procedure (Strike out if not required)

Precise Action Points Understood by the Patient/Substitute Decision Maker (To be documented by patient/substitute decision maker in his/her language)

Declaration by Patient/Guardian (in case of minors)/**Relative** (if patient is unable to make an informed consent)/**Proxy**(✓) as applicable

- I acknowledge the anaesthesiologist has informed me about the anaesthetic plan. All my specific queries and concerns about this matter have been addressed.
- I acknowledge that I have discussed with the anaesthesiologist risks and complications specific to my/ the patient's individual circumstances.
- I consent to the anaesthesia service and other eventualities discussed above and authorise that it be administered to me/my ward by the anaesthesiologist and his/her team.
- In view of above mentioned problems that are specific to me/my ward, I understand that I am/my ward is a very high risk case for anaesthesia and surgery: Chances of post-operative ventilator support, ICU stay and mortality are high.

- I consent to if any photographing or television of operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes. However, suitable precautions shall be taken by the hospital that my identity is not revealed anywhere. **Yes** **No**
- For purposes of advancing medical education, I consent to the admittance of observers to the operating room. **Yes** **No**

Patient Name:		Signature:		Date and Time:
Substitute Decision Maker Name:	Relationship:	Reason (patient is unable to give consent because):	Signature:	Date and Time:
Witness Name:	Relationship:		Signature:	Date and Time:
Interpreter Name:	Translation given in:		Signature:	Date and Time:

Declaration by the Anaesthesiologist

I have explained the nature, potential risks and complications, expected benefits, expected post anaesthesia recovery and possible alternatives to the patient/authorised attendant. I have given the patient/ authorised representatives an opportunity to ask questions about any of the above matters and raise any other concerns, which I have answered fully to the best of my knowledge.

Name and Signature of the Doctor with Reg No:

Date and Time: