

I _____ REQUEST AND AUTHORIZE a Carolina Anesthesiology Anesthesiologist,

or Certified Nurse Anesthetist (CRNA), under the direction and supervision of the Anesthesiologist to administer anesthesia

services to _____

I acknowledge that my healthcare provider(s) has/have explained the various forms of anesthesia, options and risks for my procedure. I UNDERSTAND that the type(s) of Anesthesia checked/circled below have been specifically explained and that additional or specific risk(s) have been identified as they may apply and that I have been allowed to read this document and have had my questions regarding anesthesia as it applies to me answered to my satisfaction.

General Anesthesia	Expected Result	Total unconscious state, possible placement of a tube into the windpipe.
	Technique	Drug injected into the bloodstream, breathed into the lungs, or by other routes.
	Most Common Risks	Mouth or throat pain, hoarseness, injury to mouth or teeth, awareness under anesthesia, injury to blood vessels, aspiration, and pneumonia.
Spinal or Epidural Analgesia/Anesthesia	Expected Result	Temporary decreased or loss of feeling and/or movement to lower part of body
	Technique	Drug injected through a needle/catheter placed either directly into the spinal canal or immediately outside the spinal canal.
	Most Common Risks	Headache, backache, buzzing in the ears, convulsions, infection, persistent weakness, numbness, residual pain, injury to blood vessels, "total spinal".
Major/Minor Nerve Block	Expected Result	Temporary loss of feeling and/or movement of a specific limb or area.
	Technique	Drug injected near nerves providing loss of sensation to the area of the operation.
	Most Common Risks	Infection, convulsions, weakness, persistent numbness, residual pain, injury to blood vessels.
Intravenous Regional Block	Expected Result	Temporary loss of feeling and/or movement of a limb.
	Technique	Drug injected into veins of arm or leg while using a tourniquet.
	Most Common Risks	Infection, convulsions, persistent numbness, residual pain, injury to blood vessels.
Monitored Anesthesia Care (with sedation)	Expected Result	Reduced anxiety and pain, partial or total amnesia.
	Technique	Drug injected into the bloodstream, breathed into the lungs, or by other routes producing a semi-conscious state.
	Most Common Risks	An unconscious state, depressed breathing, injury to blood vessels.
Monitored Anesthesia Care (without sedation)	Expected Result	Measurement of vital signs, availability of anesthesia provider for further intervention.
	Technique	None.
	Most Common Risks	Increased awareness, anxiety and/or discomfort.

I UNDERSTAND that my physical condition, the type of procedure my doctor will perform, his or her preference, as well as my own desire, are some of the factors which will determine the anesthetic technique used in my case.

It has been explained to me that all forms of Anesthesia involve some risks, and I understand that although rare, some unexpected severe complications include the possibility of infection, bleeding, drug reactions, respiratory problems, blood clots, loss of sensation, loss of limb function, paralysis, stroke, brain damage, heart attack and death, and unintended awareness.

I UNDERSTAND that sometimes an anesthesia technique, which involves the use of local and regional anesthetics, with or without sedation, may not succeed completely, and therefore, another technique may have to be used, including general anesthesia, and I therefore authorize my healthcare provider to modify or extend this consent, as indicated in their professional judgment. In addition, I understand that during my procedure, invasive monitoring may be necessary and that the risks and benefits of such monitoring have been explained to me and include, but are not limited to, the possibility of lung puncture, abnormal heart rhythms, and blood vessel injury.



DTAN0005

I understand that my anesthesia services will be provided by a physician from Carolina Anesthesiology and/or a certified nurse anesthetist (CRNA). In addition, I understand that personnel such as residents, student registered nurse anesthetists, interns, physician assistants, nurses, or medical students may be involved in my care.

MY SIGNATURE ON THIS FORM INDICATES THAT I HAVE BEEN GIVEN THE OPPORTUNITY TO SHARE IN THE DECISION MAKING PROCESS SPECIFIC TO MY ANESTHETIC TECHNIQUE, THAT ALL MY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION, AND THAT I AM REQUESTING AND AUTHORIZING THAT WE PROCEED.

SIGNATURE OF PATIENT OR AUTHORIZED PERSON DATE TIME AM PM

RELATIONSHIP TO PATIENT IF OTHER THAN PATIENT: _____

WITNESS SIGNATURE DATE TIME AM PM

Individual Reviewing Consent Document with patient DATE TIME AM PM

DAY OF SURGERY USE ONLY

I CERTIFY THAT CONSENT WAS REVIEWED, PATIENT'S QUESTIONS ANSWERED PRIOR TO ADMINISTRATION OF ANESTHESIA

MD DATE TIME AM PM

CRNA DATE TIME AM PM



DTAN0005