

ANESTHESIA

Anesthesia is a specialty medical service that administers anesthetic agents to patients and manages patients who are rendered unconscious or have diminished response to pain and stress during the course of a medical, surgical, or obstetrical procedure.

TYPES OF ANESTHESIA AND DEFINITIONS

A. General Anesthesia

1. Endotracheal anesthesia Anesthetic and respiratory gases are passed through a tube placed in the trachea (windpipe) via the nose or mouth.
2. Mask anesthesia Gases are passed through a mask that covers the nose and mouth.
3. Laryngeal mask airway (LMA) Gases are passed through the endotracheal tube that is attached to a small mask, though the tube does not pass through the vocal cords.

B. Regional Anesthesia

1. Epidural anesthesia A small catheter is inserted into epidural (spinal) space so that anesthetizing agents may be given to prolong the duration of anesthesia.
2. Spinal anesthesia The anesthetic agent is injected into the spinal subarachnoid space to produce loss of sensation.
3. Nerve blocks Local anesthetizing agents are injected into specific areas to inhibit nerve transmission.

C. Monitored Anesthesia Care (MAC): includes the monitoring of at least blood pressure, oxygenation, pulse and mental state, with supplementing sedation and analgesia as needed.

D. Sedation

1. Conscious Sedation (Moderate Sedation) is a medically controlled state of depressed consciousness that: 1) allows protective reflexes to be maintained; 2) retains the patient's ability to maintain a patent airway independently and continuously, and 3) permits appropriate response by the patient to verbal command.
2. Deep Sedation is a medically controlled state of depressed consciousness or unconsciousness from which the patient is not easily aroused, which may be accompanied by a partial or complete loss of reflexes, including the ability to maintain a patent airway independently and respond purposefully to verbal command.

E. Local Anesthesia

1. Local anesthesia Anesthetizing agents are injected or infiltrated directly into a small area of the body, for example, the surgical site.
2. Topical anesthesia Surface anesthesia is produced by direct application of anesthetizing agents on skin or mucous membranes.

Patient's
Initials

_____ The details of the procedure including the anticipated benefits and material risks have been explained to me in terms I understand.

_____ Alternative methods and therapies, their benefits, material risks and disadvantages have been explained to me.

_____ I understand and accept that the most likely material risks and complications of anesthesia have been discussed with me and may include but are not limited to:

- allergic/adverse reaction
- aspiration
- backache
- brain damage
- coma
- dental damage
- headache
- inability to reverse the effects of anesthesia
- infection
- localized swelling and or redness
- muscle aches
- nausea
- ophthalmic (eye) injury
- pain
- paralysis
- pneumonia
- positional nerve injury
- recall of sound/noise/speech by others during surgery

Continued

- seizure
- sore throat

- wrong site for injection of anesthesia

- _____ I understand that accidental dental injury is also a risk of anesthesia. The anesthesiologist cannot be held responsible for injuring teeth, partials, or dentures that are already damaged or in poor condition.
- _____ I understand and accept that there are complications, including the remote risk of death or serious disability that exists with any anesthesia procedure.
- _____ I am aware that smoking during the pre- and postoperative periods could increase chances of complications.
- _____ I have informed the doctor of all my known allergies.
- _____ I have informed the doctor of all medications I am currently taking, including prescriptions, over-the-counter remedies, herbal therapies and supplements, aspirin, and any other recreational drug or alcohol use.
- _____ I have been advised whether I should avoid taking any or all of these medications on the days surrounding the procedure date.
- _____ I am aware and accept that no guarantees about the results of the procedure have been made.
- _____ I have been advised of the probable consequences of declining recommended or alternative therapies.
- _____ I have been informed of what to expect postoperatively, including but not limited to: estimated recovery time, anticipated activity level, and the possibility of any additional procedures.
- _____ The doctor has answered all of my questions regarding this procedure.

I certify that I have read and understand this procedure agreement and that all blanks were filled in prior to my signature.

I authorize and direct _____, M.D., with associates or assistants of his or her choice, to perform the procedure of _____ on _____ at _____.

(procedure name) (patient name) (name of facility)

I further authorize the physician(s) and assistants to do any other procedure that in their judgment may be necessary or advisable should unforeseen circumstances arise during the procedure.

Patient or Legal Representative Signature/Date/Time

Relationship to Patient

Print Patient or Legal Representative Name

Witness Signature/Date/Time

Continued

I certify that I have explained the nature, purpose, anticipated benefits, material risks, complications, and alternatives to the proposed procedure to the patient or the patient's legal representative. I have answered all questions fully, and I believe that the patient/legal representative (circle one) fully understands what I have explained.

Anesthetist Signature/Date/Time

_____ copy given to patient
initial

_____ original placed in chart
initial