

DISCLOSURE AND CONSENT - ANESTHESIA and/or PERIOPERATIVE PAIN MANAGEMENT (ANALGESIA)

You have the right, as a patient or legal representative for a patient, to be informed about 1) the planned type of anesthesia/analgesia and 2) the risks related to anesthesia/analgesia. This disclosure is designed to provide information, so that you can decide whether to consent to receive anesthesia/analgesia in the perioperative period (meaning shortly before, during and shortly after a surgical procedure). Before signing, you are encouraged to explore all the options available and to consult with your dentist/oral & maxillofacial surgeon, physician, or anesthesiologist as needed.

Types of Anesthesia/Analgesia Planned and Related Topics

Anesthesia and perioperative pain management is an independent function from the surgery/dentistry. I understand that anesthesia services have been requested by my dentist/surgeon to perform the procedure. I understand that anesthesia/analgesia involves risks and hazards. No guarantees or promises can be made concerning the results or course of the anesthetic treatment. I also understand, although rare, the nature of some complications are serious and can occur with all/any anesthetic/analgesic method(s). The chances of a complication occurring may be different for each patient based on the procedure(s) and the patient's current health. I realize the type of anesthesia/analgesia may have to be changed or discontinued and, possibly, without explanation to me.

I understand side effects and complications with **any type** of anesthesia may include but are not limited to loss of coordination, impaired judgment, drowsiness, nausea and vomiting, major or minor allergic reaction, systemic or local infection, nerve injury or neuropathy, pain, swelling, bleeding, bruising and hematomas, seizures, and psychological and/or other types of physical injury. I also understand complications may require hospital transfer and hospitalization. Although very rare, some complications may result in organ damage, cardiac arrest, brain injury, and death. Additionally, I understand that anesthesia medications may be harmful to unborn children and children of nursing mothers and may cause birth defects, spontaneous abortion, or death. It is my responsibility to inform the anesthesiologist of the possibility of being pregnant or a confirmed pregnancy, or if I am a nursing mother.

I understand that other risks or complications may occur depending on the type of anesthesia/analgesia. The type of anesthesia/analgesia planned and the related risks for that type of anesthesia/analgesia include but are not limited to:

Check planned anesthesia/analgesia method(s) and have the patient/legally authorized representative initial.

General Anesthesia <input type="checkbox"/>	Expected Result	Drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation . The ability to independently maintain ventilatory function is impaired. Patients often require assistance in maintaining a patent airway. Depressed spontaneous breathing or drug-induced depression of neuromuscular function may result in the need for positive pressure ventilation. Cardiovascular function may be impaired.
	Technique	Drug injected into the bloodstream via vein or muscle, breathed into the lungs, or administered by other routes. May include the placement of a breathing tube into the windpipe through the nose or mouth.
	Risks	Injury to vocal cords, nose, face, neck, back, mouth, teeth, lips, eyes; injury to blood vessels; injury to nerves; extravasation injury; nasal, pharyngeal, or oral hemorrhage; tissue dissections; swelling; pain; aspiration, pneumonia; blood clots; stroke; awareness during the procedure; memory dysfunction/memory loss; permanent organ damage; brain damage; cardiac arrest; death.
Moderate Sedation <input type="checkbox"/>	Expected Result	Drug-induced depression of consciousness to reduce anxiety and pain with potentially partial or total amnesia during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation . Cognitive function and physical coordination are impaired. No interventions are usually required to maintain a patent airway or spontaneous ventilation. Cardiovascular function is usually maintained.
	Technique	Drug injected into the bloodstream via vein or muscle, breathed into the lungs, taken orally, or administered by other routes.
	Risks	Memory dysfunction/memory loss; unanticipated deeper level of anesthesia; extravasation injury; medical necessity to support airway, breathing, and cardiovascular function and/or convert to deeper sedation level including general anesthesia; permanent organ damage; brain damage, and death.
Mild Sedation <input type="checkbox"/>	Expected Result	Drug-induced state to reduce anxiety and pain with potentially partial or total amnesia during which patients respond normally to verbal commands . Although cognitive function and physical coordination may be impaired, airway reflexes, and ventilatory and cardiovascular functions are usually unaffected.
	Technique	Drug injected into the bloodstream via vein or muscle, breathed into the lungs, taken orally, or administered by other routes.
	Risks	Memory dysfunction/memory loss; unanticipated deeper level of anesthesia; extravasation injury; medical necessity to support airway, breathing, and cardiovascular function and/or convert to deeper sedation level including general anesthesia; permanent organ damage; brain damage, and death.
Monitored Anesthesia Care without sedation <input type="checkbox"/>	Expected Result	Fully awake non-sedation anesthesia care consisting of vital sign monitoring and the immediate availability of the anesthesia provider during the surgical procedure for further intervention as needed.
	Technique	No invasive techniques planned.
	Risks	Complete awareness, anxiety and/or discomfort; medical necessity to support airway, breathing, and cardiovascular function and/or convert to deeper sedation level including general anesthesia; permanent organ damage; brain damage, and death.

Administration of Anesthesia/Analgesia

The planned anesthesia/analgesia will be administered by: Specialty Anesthesia Partners, PLLC and its agents. The anesthesia care team may include dental anesthesiologists, dentists, dental assistants, and nurses.

Granting of Consent for Anesthesia/Analgesia

In signing below, I consent to the anesthesia/analgesia described above. I acknowledge the following:

- I have been given ample opportunity to ask questions I may have about:
 1. Alternative forms of anesthesia/analgesia,
 2. The anesthesia care team,
 3. Steps that will occur during administration of anesthesia/analgesia, and
 4. Risks and hazards involved in the anesthesia/analgesia.
- I acknowledge the receipt of and understand both the preoperative and post-operative anesthesia instructions.
- I believe I have enough information to give this informed consent.
- I certify this form has been fully explained to me and the blank spaces have been filled in.
- I have read the form or had it read to me.
- I understand the information on this form.

If any of those statements are not true for you, please talk to your provider before continuing.

PATIENT/OTHER LEGALLY AUTHORIZED REPRESENTATIVE (signature required)

Patient Name: _____ Patient DOB: _____
Signers Printed Name (if different than patient) _____
Legal relationship to patient: _____ Reason Patient is unable to sign: _____
Signature: _____ Date: _____

PROVIDER

Anesthesiologist Name: _____
Signature: _____ Date: _____