

PATIENT NAME:

ANESTHESIA CONSENT

MR NO.

I ,(Name and MR.no) is receiving treatment in Ahalia Diabetes Hospital Palakkad & I hereby certify that:

My Physician /Surgeon explained to me that I have the following condition.....
and hence will require the following surgery/ Procedural examination

I have been informed that in order to perform the above surgery/procedure I will have to undergo Anesthesia. The Anesthesia is being performed to ensure a painless surgery. My doctor has also explained to me that I will have to consult Anesthesiologist as part of receiving anesthesia for the procedure.

I understand that all anesthesia procedure involves risks and that there are possible problems related to Anesthesia. I also understand that the use of anesthesia despite professional expertise and all possible measures to prevent may have rare and unprecedented risks including but not limited to infection, bleeding, adverse reactions to drugs, numbness of limbs, loss of motor coordination, paralysis, blood clotting, damage to brain and cardiac arrest. It is explained to me that in very rare cases even death may also occur.

I acknowledge that any one of the anesthesia procedure listed below will be used for my surgery/procedure and that the anesthetic procedure is decided based on my surgery/procedure, my disease condition, my doctor's advice and also according to my own choice. My doctor explained to me that in cases where local anesthesia (with or without sedative drugs) does not work, general anesthesia will be performed.

Type of anesthesia	Procedure method	Order of preference of procedure as educated to the patient.	(Put (√) / (X) where appropriate
General anesthesia	<ul style="list-style-type: none"> Complete loss of consciousness. Anesthetic drug is induced into bloodstream. Respiratory tract may have to be intubated to make lungs breathe. 		
Spinal/ Epidural	<ul style="list-style-type: none"> Temporary loss of motor coordination & sensation in lower body. Anesthetic drug is induced to spinal canal/epidural canal 		
Nerve Block	<ul style="list-style-type: none"> Drug is given to a specific nerve to induce numbness to specific part of the body. 		
Intra venous regional Anesthesia	<ul style="list-style-type: none"> Drug is induced to bloodstream after tying Tourniquet to specific part of the body to result in temporary loss of motor co- 		

	ordination and sensation in that part		
Monitored Anesthesia Care	<ul style="list-style-type: none"> All equipment is attached to monitor the patient with extreme cautiousness. Anesthesia is given when required. 		

I acknowledge that my doctor has explained to me all information related to my anesthetic procedure decided, expected benefits and risks. All my queries and concerns regarding the anesthesia have been explained to me and my family to our full satisfaction.

I agree and understand the doctor may change the already chosen anesthetic procedure and perform a different procedure if it is best deemed fit as per the professional expertise and judgment of my doctor

I give my consent to my anesthesiologist Dr.....
to perform the above chosen anesthetic procedure.

Signatory	Name	Signature	Date	Time
Patient				
Doctor				
Witness				

Consent by Parent /Legal Guardian /Relative (When patient is unable to do so):

I,(Specify relationship- Parent / Legal guardian / Relative) of Mr/Ms. hereby give the consent to perform on behalf of the patient.

I have understood all information provided to me in a language and manner I understand.

Verbal consent (when the patient has verbally educated only):

This consent has been ;

Taken verbally by -..... Given verbally by-