

COMPLETE ANESTHESIA CARE

INFORMED CONSENT FOR ANESTHESIA

I hereby authorize, consent and request **Complete Anesthesia Care, LLC (CAC)** to perform the anesthesia deemed necessary for my procedure. I have been given an opportunity to have all my questions or concerns relating to my anesthesia care answered or addressed. I understand that Complete Anesthesia Care is not an agent of Northwest Gastroenterology Clinic or NGC Endoscopy Services, LLC.

- **Deep Sedation (TIVA with Propofol):** Drug injected into the blood stream producing unconsciousness. Patient may respond purposefully following repeated or painful stimulation. Spontaneous breathing is usually maintained. Cardiovascular function is usually maintained. Airway intervention may be necessary.
- **MAC (Conscious Sedation):** Drug injected into the blood stream to produce sedation without loss of consciousness. Patient is able to respond purposefully to verbal commands. Spontaneous breathing is maintained. Cardiovascular function is usually maintained.

I have been informed and understand that there are occasionally side effects from anesthesia, including but not limited to some rare complications. I understand that in rare instances complications may require hospitalization to provide appropriate ongoing care.

Side Effects:

Sore Throat
Neck/Jaw Pain
Nausea and/or Vomiting
IV site pain or injury
Dental Injury
Swelling
Nose bleed

Rare Complications:

Adverse drug reaction
Respiratory problems
Aspiration
Low blood pressure and/or heart rate
Abnormal heart rhythm
Paralysis
Heart attack/stroke
Death

I understand the importance of providing my health care providers with a complete medical history, including the need to disclose any medications that I am taking, both prescription and over the counter. I also understand that my use of herbal remedies, alcohol or any type of illegal drug may give rise to serious complications and must also be disclosed. I further understand that I should also disclose any complications that arose from past anesthetics.

I acknowledge that I have read this form, or had it read to me, that I understand the risks, alternatives and expected results of the anesthesia service, and that I had ample time to ask questions and consider my decisions.

By signing this document, I hereby represent that I have been advised that certain anesthesia medications when administered in the first trimester or third trimester of pregnancy can be harmful to unborn children. I have been given an opportunity to clarify any questions relating to anesthesia and/or endoscopy during pregnancy, and all my questions have been answered to my satisfaction.

I further represent that: [] I am not pregnant [] I am pregnant [] N/A

and I hereby give NGC Endoscopy Services and CAC permission to perform colonoscopy / endoscopy in conjunction with anesthesia as deemed appropriate by my anesthesia provider.

Patient Signature

Date

Time

Parent or guardian, if needed

Date

Time

Anesthesia Provider's Signature

Date

Time