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CONSENT TO ANESTHESIA

I consent to the administration and maintenance of anesthesia as planned by the anesthesia care team. I also consent to the procedures performed by the anesthesia care team in the provision of anesthesia including an intravenous catheter (IV) and maintaining an airway.

The risks associated with anesthesia may include, but are not limited to reactions to medications, worsening of a preexisting medical problem, bleeding, airway difficulties, infections, aspiration pneumonia or brain damage.

Medication reactions can include rash, itching, burning, nausea, vomiting, dizziness, muscle aches, headache, emotional liability, hives, wheezing, and very rarely, shock.

Maintaining an airway may include placement of an oral or nasal airway or an endotracheal tube. Reactions to artificial airways include laryngospasm and wheezing, which require immediate corrective treatment. Manipulation of the airway may result in damage to caps, bridges or damage teeth and very rarely to sound teeth. Some individuals experience sore lips, gums, tongue, or throat hoarseness.

Risks associated with specific types of anesthesia may include but are not limited to:

General Anesthesia: mouth or throat pain, hoarseness, injury to mouth or teeth, injury to blood vessels, aspiration, pneumonia, irritation of eyes, awareness under anesthesia.

IV Sedation: an unconscious sedation, depressed breathing, injury to a blood vessel.

Spinal/ Epidural Analgesia/ Anesthesia: headache: backache, buzzing in the ears, convulsions, infection, persistent weakness, numbness, residual pain, injury to vessels, total spinal (Low blood pressure, level of anesthesia that may lead to decreased ability to breathe and may require assisted or controlled ventilation) and failure to achieve results.

Nerve Block: convulsions, weakness, persistent numbness, residual pain, failure to achieve result, nerve damage.

Medical problems such as high blood pressure, asthma or heart conditions may occasionally worsen and require treatment. Intravenous catheters may cause inflammation, swelling, bleeding, bruising, or phlebitis.

Aspiration pneumonia results from acid in the stomach being brought up into the lungs. Acid causes a chemical burn to the lungs and can be very serious. This is most common in individuals who have eaten recently.

Very rarely, patients may develop a cardiac or respiratory arrest, anaphylactic shock, malignant hyperthermia or airway closure. These are true medical emergencies, which can cause temporary or permanent brain damage or death.

In general, the risk of anesthesia is proportionate to how sick you are. Healthy individuals with a normal airway are at low risk. Patients with serious medical problems or an abnormal airway are at increased risk. Respiratory infections in children increase the risk for complications.

The anesthesia plan has been explained to me and that all forms of Anesthesia involve risks and that no guarantee or promises are made concerning the results of my procedure or treatment. I understand the risks, the alternatives and all my questions have been answered satisfactorily **and I consent to additional or alternative types of anesthesia if deemed appropriate and necessary by the anesthesia provider.**

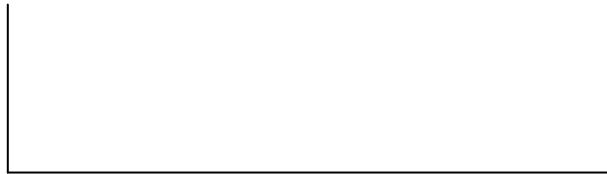
(X) Patient (Legal guardian for a minor): _____

Date: _____ Time: _____

Relationship, if not signed by patient: _____

 Witness

 Member, Anesthesia Care Team



ANESTHESIA QUESTIONNAIRE

Adult patients: Please complete entire questionnaire

Pediatric patients (under age 12): Please complete all questions that have an asterisk (*) next to them

	Y	N	Comments
* 1. Have you had Anesthesia before?	Y	N	
* 2. Have you or any relative ever had a complication from anesthesia?	Y	N	
3. Can you walk up two flights of stairs without becoming short of breath?	Y	N	
* 4. Have you ever had a seizure, numbness, weakness or paralysis?	Y	N	
* 5. Do you faint or have frequent severe headaches?	Y	N	
6. Have you had chest pain, shortness of breath, heart attack, rheumatic fever, palpitations, high blood pressure, mitral valve prolapse, ankle swelling or difficulty sleeping flat in bed?	Y	N	
* 7. Do you need antibiotics when you go to the dentist?	Y	N	
* 8. Do you have asthma, bronchitis, pneumonia or tuberculosis?	Y	N	
9. Do you smoke? If so how many packs per day _____ For how long _____	Y	N	
10. Do you drink alcohol? Beer Wine Liquor How many drinks per day? 1 2 3 >3	Y	N	
11. Have you ever injected drugs or used illegal drugs?	Y	N	
12. Have you ever been exposed to AIDS or Hepatitis?	Y	N	
* 13. Have you ever had a blood transfusion?	Y	N	
* 14. Do you or a relative have a bleeding disorder? (e.g. Hemophilia, von Willebrand's Disease, Christmas Disease)	Y	N	
* 15. Do you or any relative have sickle cell anemia?	Y	N	
* 16. Are you allergic to eggs or LATEX?	Y	N	
17. Do you have a hiatal hernia or frequent heartburn?	Y	N	
* 18. Have you had or have Diabetes or thyroid problems?	Y	N	
* 19. Do you have any Kidney problems?	Y	N	
* 20. Have you had or have any muscle or joint problems?	Y	N	
* 21. Have you used Prednisone, Cortisone (steroids) in the past 6 months?	Y	N	
* 22. Do you have any handicaps, disabilities or prosthetic devices?	Y	N	
* 23. Do you have any loose or chipped teeth, caps, bridges or dentures?	Y	N	
* 24. Are your immunizations up to date?	Y	N	
* 25. Have you had croup, bronchiolitis or pneumonia?	Y	N	
* 26. DO YOU HAVE A COLD, COUGH, FEVER or DIARRHEA?	Y	N	
27. For menstruating patients only: COULD YOU POSSIBLY BE PREGNANT? Date of last Menstrual cycle _____	Y	N	

WHO WILL BE TAKING YOU HOME TODAY: _____

RELATIONSHIP: _____ **PHONE NUMBER:** _____