

Informed Consent for Monitored Anesthesia/ Deep Sedation Care
US Digestive Health/RGAL Anesthesia
Main Line Endoscopy Centers

For my safety, well-being and comfort I understand that anesthesia services are needed in order for my Procedure to be performed and I authorize and consent to the administration of monitored anesthesia or deep sedation as may be deemed advisable or necessary. Sign this form only after you understand the type of anesthesia to be administered, the anticipated benefits, the risk, the alternatives, the risk associated with the alternatives and all of your questions have been answered.

The type of anesthesia recommended to be administered for my procedure is:

MONITORED ANESTHESIA CARE – Your anesthesia provider will monitor you and may provide anesthesia by administering intravenous (injected through a catheter into your bloodstream) anesthesia drugs, such as Propofol to produce a decreased state of consciousness (Moderate or Deep Sedation.) Your level of consciousness may vary from a state of being conscious, to a semi-conscious depending on your response to the medications and your clinical needs.

The intended plan for anesthesia is:

MODERATE SEDATION: Moderate sedation is a drug induced state of consciousness during which you can still respond normally to verbal commands. It should be recognized that various degrees of sedation occur on a continuum. There may be potential for progress from moderate sedation to deep sedation. Deep sedation is a drug induced depression of consciousness during which you cannot be easily aroused. While receiving anesthesia, you may be aware of your surroundings, may be able to hear and respond to your medical providers and/ or may remember some or all of the procedure.

All forms of anesthesia involve some risk. The anesthesia provider has explained to me that there are risks and possible undesirable consequences associated with all forms of anesthesia and that no guarantees or promises can be made concerning the results of my procedure. The anesthesia provider has explained to me that complications may occur during anesthesia administration or afterwards. The determination of what type of anesthesia is best for you depends on many factors including your physical condition, the type of procedure and the preferences of you and your physician.

Rare, unexpected, and severe complications can occur with all forms of anesthesia, including infection; drug or allergic reactions, leading to cardiac arrest or death; nerve injury with loss of sensation or function; paralysis; stroke; bleeding; blood clots; damage to liver, kidney, lungs; heart attack; brain damage and even death.

Common side effects and specific complications of your planned anesthesia include but are not limited to those identified below.

Risks and common side effects of anesthesia/ sedation include:

- Nausea and/ or vomiting
- Mild to moderate decreases in blood pressure and/or heart rate
- Injuries to mouth, lips, and surrounding area
- Aspiration (inhaling stomach contents into the lungs), asthma attacks and pneumonia (lung infection and or swelling)
- Bronchospasm or laryngospasm causing breathing problems
- Convulsion/ seizure
- Swelling, tenderness, bleeding and bruising at injection site
- Changes in body temperature
- Infection, swelling or damage to blood vessels
- Sore throat and hoarseness
- Nodules, polyps, or other damage to vocal cords or windpipe
- Esophageal injury from gastric (stomach) tubes and/ or esophageal dilators
- Rarely, there can be awareness under anesthesia. Dreams during anesthesia may be confused with real recall of real events.
- Arrhythmias
- Corneal abrasions
- Difficulty voiding (passing urine)
- IV Site bruising

Teeth and dental prosthetics (such as dental implants, veneers, caps, crowns, and bridges) may become loose, broken, or dislodged, regardless of the care provided. By signing this consent, you are acknowledging that neither your anesthesia

providers, physician, the facility, nor the company employing or engaging the anesthesia providers will be responsible for any dental damage or repair costs.

Additional Information:

The type of anesthesia recommended has been explained to me. I understand that there are benefits, potential risks, alternatives, and risks of the alternatives for the type of anesthesia recommended.

I understand that the administration of anesthesia will be supplied under the direction of my physician. I understand that the anesthesia services are being provided by RGAL Anesthesia Services, LLC. I understand and agree that all practitioners who furnish services to me at the center, including my physician, anesthesia provider, pathologist and the like are independent practitioners exercising their independent clinical judgement. They are not employees or representatives (agents) of the surgery center.

I understand that I will be monitored during the procedure and adjustments of medicines may be made to assure my comfort, safety, and well-being. I understand that unforeseen conditions may necessitate a change or extension of the type of anesthesia planned and I authorize and request that the certified registered nurse anesthetists, assistants, or designees make adjustments to my anesthesia care as may be necessary and desirable based on their professional judgment.

I have been advised not to drive a motor vehicle or participate in any potentially dangerous activity for at least 24 hours following my monitored anesthesia or deep sedation and I understand that a responsible adult needs to drive me home and remain with me until the effects of sedation have worn off.

Certification of Patient	Certification of Anesthesia Provider
By signing below, I certify that I have had an opportunity to ask the anesthesia provider all of my questions concerning anesthesia, anticipated benefits, material risks, alternatives, and risks those alternatives, and all my questions have been answered to my satisfaction.	I hereby certify that I have discussed with the individual granting consent, anticipated benefits, material risks, alternatives and the risks associated with those alternatives described in this consent.
_____ Patient Signature or Authorized Individual Date Time	_____ Signature of Anesthesia Provider Date Time
_____ Print Name of Authorized Individual	_____ Anesthesia Provider Printed Name
<u>Role of Authorized Individual:</u> <input type="checkbox"/> Parent <input type="checkbox"/> POA/ Legal Guardian <input type="checkbox"/> Other: _____	

- ☐ The Patient/ Authorized Representative has read this form or had it read to him/ or her.
- ☐ The Patient/ Authorized Representative states that he/she understands this information.
- ☐ The Patient/Authorized Representative has no further questions.

Signature of Witness

Printed Name of Witness

Date

Time

Use of Interpreter or Special Assistance: An interpreter or special assistance (indicated below) was used to assist the patient/Authorized Representative in understanding and completing the consent form.

<input type="checkbox"/> Language (specify): _____	_____ Printed Name of Individual Providing Assistance
<input type="checkbox"/> Sign Language	_____ Title or Relationship to Patient
<input type="checkbox"/> Patient is sight impaired, and the form was read to the Patient/ Authorized Representative	
<input type="checkbox"/> Other (specify): _____	_____ Signature
	_____ Date