

PART B

Name _____
Age _____ Sex _____
Ward / Bed No. _____ Hospital No. _____

CONSENT FOR ANAESTHESIA

***** To be read in conjunction with consent for Surgical / Invasive Procedure *****

(1) (A) I, _____ (patient's name), hereby voluntarily give my consent to the administration of the forms of anaesthesia as listed in (2) for the Procedure written in Part A Consent.

OR

(B) I, _____, name of the father / mother / relative / guardian of _____ (patient's name), hereby voluntarily give my consent for the patient to the administration of the forms of anaesthesia as listed in (2) for the Procedure written in Part A Consent.

(2) Type of anaesthesia:

- General Anaesthesia
- Monitored Anaesthetic Care (Sedation)
- Intravenous Sedation
- Local Anaesthesia / Topical Anaesthesia
- Regional Anaesthesia (*Spinal / Epidural / _____ Anaesthesia)
- Possible combination of the above
- Others: _____

(3) Possible risks / complications associated with anaesthesia:

(a) **General risks / complications**

- ◆ Minor problems are common, including but not limited to nausea and vomiting; general aches and pains; shivering; headache; dizziness; post operative pain and pain at injection sites; and sore throat.
- ◆ Serious complications from anaesthesia are uncommon, including but not limited to breathing difficulties; stroke or brain damage leading to permanent disability; strain on the heart resulting in heart attack; anaphylactic drug reactions; awareness whilst under general anaesthesia and damage to teeth & lips.
- ◆ Some of these serious complications can be fatal

(b) **Any risks relevant to the patient**

- ◆ Risks may be increased due to co-existing problems such as:-
Diabetes; high blood pressure; heart disease; kidney disease; respiratory disease including asthma; common cold or influenza; smoking; overweight and elderly

(c) **Specific risks / complications associated with regional / spinal anaesthesia / local / epidural anaesthesia are uncommon. They include:**

- ◆ Block may not work or work only partially, requiring supplementary anaesthesia
- ◆ Block may be too extensive requiring cardiovascular and respiratory support

- ◆ Headache after spinal or epidural anaesthesia
- ◆ Pain, bleeding or infection at site of injection
- ◆ Damage to spinal cord, adjacent nerves, blood vessels or organs
- ◆ Paraplegia / paralysis

- (4) I acknowledge that, before signing this consent form, I have been fully informed that the quoted complications / risks of anaesthesia are not exhaustive. Rare complications may not be listed.
- (5) I understand that by necessity, medical practitioners other than the undersigned Doctor may assist in conducting the anaesthesia.
- (6) I confirm that I have been provided with an information leaflet on anaesthesia (copy given) and that I have reviewed the same, and that I fully understand the contents.

Patient /Parent/Relative/Guardian's name in block letter

Witness name in block letter

Patient/ Parent/Relative/Guardian' signature

Witness's signature

ID/Passport No: _____

Relationship to Patient: _____

Date: _____ (dd/mm/yy)

Date: _____ (dd/mm/yy)

DOCTOR'S DECLARATION: I have explained the nature, risks and benefits of anaesthesia to the above signatory and have answered the above signatory's questions. To the best of my knowledge, the above signatory has been adequately informed and has consented, and the details as such had been documented in the Patient's clinical record.

Signature of Doctor (1) responsible for the anaesthesia

Signature of Doctor (2) responsible for the anaesthesia

Full Name in block letter: _____

Full Name in block letter: _____

Date: _____ (dd/mm/yy)

Date: _____ (dd/mm/yy)

INTERPRETER

I, _____, certify that I have truly, distinctly and audibly interpreted the contents of this document into (*insert language or dialect*) _____ to the Patient / Parent / Guardian.

Interpreter's Signature

Date : _____ (dd/mm/yy)