

Anesthesia Consent Form

Mackay Memorial Hospital

Basic Information
Name of Patient: _____
Birthday: _____ (Month) _____ (Day) _____ (Year)
Medical Record No.: _____
Ward: _____

1. Information on Anesthesia (explain in layman's term if the medical terms are not readily comprehensible)

A. Surgical procedure to be performed:

B. Type of anesthesia recommended:

General anesthesia Spinal or epidural anesthesia Nerve block Local anesthesia

2. Physician's Statement

A. I have completed pre-operative anesthesia assessment of the patient.

B. I have explained to the patient in a way the patient could understand regarding the anesthesia, in particular:

The anesthetic procedure.

Anesthesia-related risks.

Possible symptoms after anesthesia.

I have provided the patient with other written information on anesthesia.

C. I have given the patient sufficient time to ask the following questions regarding the anesthetic procedure to be undertaken in this surgery, and I have answered those questions:

(1) _____

(2) _____

Date : _____ (Month) _____ (Day) _____ (Year)

Time: _____

Signature of anesthesiologist

3. Patient's Statement

A. I understand that anesthesia is necessary for the surgical procedure I am about to receive in order to relieve pain and fear during the operation.

B. The anesthesiologist has explained to me the anesthetic procedure and associated risks.

C. I understand fully the Information on Anesthesia attached.

D. I have asked questions and addressed my concerns regarding the anesthesia to the doctor and have received adequate explanations.

Anesthesia Consent Form

Mackay Memorial Hospital

Basic Information
Name of Patient: _____
Birthday: ____ (Month) ____ (Day) ____ (Year)
Medical Record No.: _____
Ward: _____

I hereby give my consent to the use of anesthesia.

Authorized signature: _____ Relationship with patient: _____
Address: _____

Tel No. : _____

Date : ____ (Month) ____ (Day) ____ (Year) Time: _____

Witness signature (leave blank if no witness is present): _____

Date : ____ (Month) ____ (Day) ____ (Year) Time: _____

4. Information on Anesthesia

- 4.1 Because of your medical condition, surgical intervention is necessary. When you undergo surgery, you need anesthesia to aid the surgical procedure, and help you deal with pain and fear and stabilize your physiological functions during the operation. For some patients who receive anesthesia, whether general or regional (the type of anesthesia might change during the operation), there could be side effects and complications, namely:
- A. Patients with known or underlying cardiovascular diseases are more susceptible to acute myocardial infarction during operation or during recovery from anesthesia.
 - B. Patients with known or underlying cardiovascular or cerebrovascular diseases are more susceptible to cerebral stroke during operation or during recovery from anesthesia.
 - C. Patients undergoing emergency operation, not disclosing food intake before surgery or with increased abdominal pressure (due to, for example, intestinal obstruction or pregnancy) might experience vomiting during anesthesia, which will cause aspiration pneumonia.
 - D. In some special cases, anesthesia could induce malignant hyperthermia (this is a latent genetic disorder where predictive testing is not available at the present time).
 - E. Unexpected drug allergy or adverse blood transfusion reactions could also happen during the operation.
 - F. Local or regional anesthesia, prolonged operations, or procedures that require a particular physical position could result in increased chances of infections, backache, and headache, and may cause temporary or permanent nerve damage.
 - G. For patients who require tracheal intubation under general anesthesia, there could be a risk of dental damage, nose bleeds, postoperative sore throat and hoarseness.
 - H. Other unexpected incidental events or the use of any invasive procedures (e.g.: arterial blood pressure monitoring, central venous pressure monitoring, transesophageal echocardiogram, etc.) are at risk of developing complications such as nausea, vomiting, atelectasis (lung collapse), intraoperative recall awareness, pneumothorax, arrhythmias, air embolism, organ perforation, and internal bleeding, etc.
- 4.2 To ensure the patients safety during surgery and anesthesia, physical restraint may be applied.
- 4.3 If the person who signs this consent form is other than the patient himself/herself, make sure to indicate relationship with the patient in the space "Relationship with patient."