



## Informed Consent form for Anaesthesia (Including Blocks)

Name: ..... Age/Sex:.....

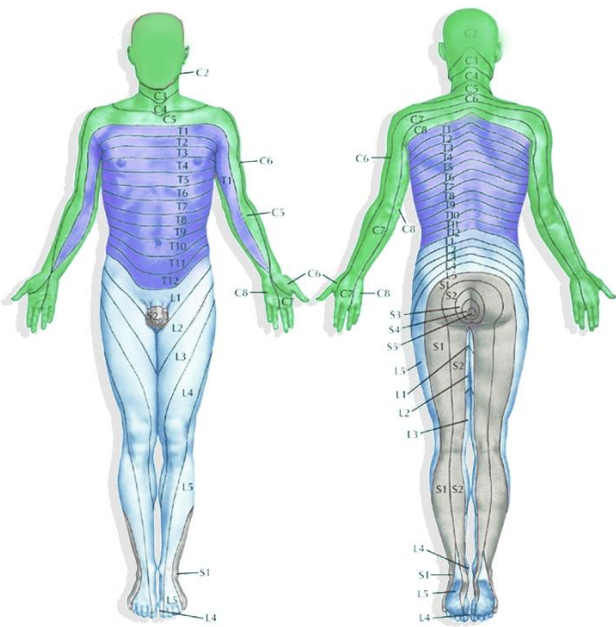
Hospital I.D: ..... Date: .....

It has been explained to me that all forms of anaesthesia involve some risks. I am aware that the plan of anaesthesia is decided according to the my medical condition(s), my preferences, surgery , discussion with my anaesthesiologist & the and surgical team.

General Anaesthesia	Technique and expected results Risks	Unconsciousness by giving injection in to blood,/ breathed in to the lungs ± tube in windpipe Hoarseness, Mouth/ teeth injury, Nausea, Vomiting, aspiration, awareness, pneumonia.
Spinal or Epidural Anaesthesia/ analgesia With Sedation Without Sedation	Technique Expected result Risks	Drug injected through a needle/ catheter placed into the fluid of the spinal canal; or immediately outside the spinal canal Temporary decreased/ loss of feeling and/or movement of lower part of body Headache, blood vessel injury, persistent weakness, residual pain, backache.
Nerve Block/ Fascial Plane Block With sedation Without Sedation	Technique Expected result Risks	Drug injected near the nerve by needle/catheter that provides sensation to the area of operation. Temporary decreased or loss of feeling and/or movement of a specific limb or area of body Persistent numbness, weakness, residual pain requiring additional anaesthesia, blood vessel injury, nerve injury
Intravenous Regional Anaesthesia With sedation Without Sedation	Technique Expected Result Risks	Drug injected into vein of arm/leg, while using an inflated tourniquet proximal to vein Temporary loss of feeling and/or movement of a limb Persistent numbness, blood vessel injury, convulsion
Monitored Anaesthesia Care Without sedation With Sedation	Technique (with sedation) Expected Result Risks	Drug injected in the blood vessel/ breathed in to the lungs Reduced anxiety, pain with partial amnesia Vital signs measurement, availability of anaesthesiologist Unconsciousness, awareness, depressed breathing.

Past or existing medical problems may increase the risk during and after surgery eg: Heart problem (Heart attack, angina, blood pressure, valvular heart disease), Lung problems (Asthma, chronic obstructive pulmonary diseases, infection) and other diseases like diabetes, kidney diseases, liver diseases, thyroid, alcohol, blood thinning medications.

In the event of sudden unexpected critical condition, I am aware that all the necessary measures as per the requirement and resources available will be done.



Neurological Deficit Already present:

Sensory:.....

.....

.....

Motor:.....

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.....

Other Medical Conditions:

.....

.....

.....

ASA status:.....

**Anaesthesiologist’s Declaration:**

Thorough preoperative evaluation done and patient/ Relatives (Relation.....) are well informed about the procedure and the associated risks. They were given enough time for discussion of the regional anaesthesia plan and possible adverse outcome.

Doctor’s name: ..... Signature: .....

Date: ..... Time:.....

Surgical Procedure: .....

Regional Anaesthesia procedure planned: .....

Modality Planned: Ultrasound / Peripheral nerve stimulator/ Landmark guided

**Patient’s Declaration:**

The benefits and risks of various modes of anaesthesia have been discussed and explained in detail, in a language that I comprehend, and I have understood. The contents of this form have been read carefully by me and I confirm that I have had the opportunity to discuss and ask questions. I understand the importance of providing a complete medical history, medications, addictions, past anaesthetic complications and they must be disclosed to the anaesthesiologist. I consent to the anaesthesia plan discussed and checked above. I also consent to the alternative type of anaesthesia, if necessary, as deemed appropriate by the anaesthesiologist.

Name of patient: ..... Age/ Sex:.....

Signature of patient: ..... Date: ..... Time:.....

Signature of Guardian (if patient is minor):.....

Signature of the witness: .....

Relationship to patient: .....