

CONSENT FOR ANAESTHESIA

Please the appropriate item(s)

The Patient is named in the right hand top corner of this Form.

The person(s) signing this Form is/are:

the Patient.

the Parent or Guardian of the Patient who is a minor. Name in Block Letters _____

Relationship _____ ID No. _____

I hereby voluntarily give my consent for myself/the Patient to the administration of the anaesthesia as listed below

for the operation/procedure of _____

Type of anaesthesia

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

I/We, the undersigned Patient and/or Patient's Parent or Guardian:

A. fully understand the proposed administration of anaesthesia includes:

1. General risks/complications: minor problems are common, including but not limited to nausea and vomiting; general arches and pains; shivering; headache; dizziness; postoperative pain and pain at injection sites; and sore throat;
2. 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 and lips. Some of these serious complications can be fatal;
3. Risks related to patient: risks may be increased due to co-existing problems such as diabetes; high blood pressure; heart diseases; kidney diseases; respiratory diseases including asthma; common cold or influenza; smoking; overweight; and elderly;
4. Specific risks/complications associated with regional/spinal/local/epidural anaesthesia are uncommon. They include:
 - (a) Block may not work or work only partially, requiring supplementary anaesthesia;
 - (b) Block may be too extensive requiring cardiovascular and respiratory support;
 - (c) Headache after spinal or epidural anaesthesia;
 - (d) Pain, bleeding or infection at site of injection;
 - (e) Damage to spinal cord, adjacent nerves, blood vessels or organs;
 - (f) Paraplegia/paralysis;

B. I acknowledge that:

1. The doctor has explained my/the patient's proposed anaesthesia, the likely outcome and the risks of this anaesthesia, including the specific risks and the likely outcome to me/the patient;
2. The doctor has explained other relevant anaesthetic options and their associated outcomes and risks;
3. The quoted complication/risks of the procedure are not exhaustive. Rare complications may not be listed;
4. I understand that an anaesthesiologist other than the explaining anaesthesiologist may conduct the anaesthesia;
5. I understand that during the anaesthesia, alternative anaesthetic option might be performed if the proposed anaesthesia is unsatisfactory;

On the basis of the above statements, I agree to have the anaesthesia or I agree to the patient to have the anaesthesia.

Patient's Signature Parent/Guardian's Signature Date(dd-mm-yyyy)

Witness Signature Witness Name(and Staff Rank if applicable) Date(dd-mm-yyyy)

DOCTOR'S DECLARATION: I have explained the nature, effect/benefits and risks/complications of the anaesthesia to the Patient and/or the Patient's Parent or Guardian and have answered their questions. To the best of my knowledge, the Patient and/or the Patient's Parent or Guardian has been adequately informed and has consented, and the details as such had been documented in the Patient's Clinical Record.

Doctor's Signature Doctor's Name Date(dd-mm-yyyy)

Interpreter (if applicable) : Name: _____ Language/Dialect: _____ Signature: _____ Date: _____

