

## HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

<b>SUBJECT:</b> II-139 ANESTHESIA CONSENT	<b>POLICY #:</b> 1062
<b>APPROVED BY:</b> Aram. Messerlian (CHIEF PHYSICIAN I ANESTHESIOLOGY), Beryl Brooks (ADMR,COMP AMB HEALTH CARE CENTER), Leila Adriano (NURSE MANAGER)	
<b>DATE APPROVED:</b> 06/28/2016	

**PURPOSE:** To provide guidelines for obtaining an informed consent for anesthesia.

**POLICY:** All patients requiring anesthesia services at the Ambulatory Surgical Center (ASC) will be informed about anesthesia techniques for the surgical, diagnostic, or therapeutic procedure recommended by their physician. The discussion will include planned anesthesia, alternative techniques, expected benefits and the major potential risks and complications.

### PROCEDURE:

1. Patient consent for anesthesia is obtained during the initial pre-anesthetic visit.
2. The High Desert Health System "Informed Consent for Anesthesia and Anesthesia-Related Services" form will be given to each patient, parent, or legal guardian.
3. The anesthesia provider will discuss and document, with a check mark on the form, the planned anesthetic, its benefits, the potential major risks and complications, and alternative choices. In addition, the possibility for changing the anesthetic plan during the procedure must be discussed with all patients who are scheduled for any type of anesthesia other than general anesthesia.
4. The anesthesia provider will obtain and document patient's informed consent **ONLY** for anesthesia techniques/procedures that:
  - Are appropriate for the proposed surgical/invasive procedure, and
  - Are currently being performed/utilized by our anesthesia staff at the ASC.
5. Patients scheduled for monitored anesthesia care should always give their informed consent for (as evidenced by placement of their initials by) general anesthesia.

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6. The patient, parent or legal guardian will have the opportunity to read the form and ask questions before agreeing to the plan and accepting its risks. He/she will then acknowledge understanding and agreement by initialing the checked boxes that indicate the type of anesthesia services planned/explained.
7. The "Informed Consent for Anesthesia and Anesthesia-Related Services" form will be finalized with signatures by the patient, parent or legal guardian, the anesthesia provider, and a witness. A copy of the form will be given to the patient, parent or legal guardian.
8. Exceptions to obtaining patient consent might occur during the procedure in life threatening emergencies (i.e. hemorrhaging, severe allergic reaction and malignant hyperthermia), when additional interventions are required to save the patient's life. The event and a statement of the inability to obtain consent due to the emergent nature of the patient's condition must be documented on the patient's anesthesia record, progress notes and in PSN.

### ATTACHMENT:

Informed Consent for Anesthesia and Anesthesia-Related Services

<b>Original Date:</b> 07/01/2003
<b>Reviewed:</b> 10/10/2017
<b>Next Review Date:</b> 10/10/2020
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<b>Previous Revise Dates:</b> 06/18/13