

**OLIVE VIEW-UCLA MEDICAL CENTER
DEPARTMENT OF ANESTHESIOLOGY
POLICY & PROCEDURE**

**NUMBER: 466
VERSION: 3**

SUBJECT/TITLE: 066A-CONSENT POLICY

POLICY: CONSENT

PURPOSE: Informed consent is an important legal doctrine for all physicians.

DEPARTMENTS: ANESTHESIOLOGY

DEFINITIONS: As informed consent is obtained, documentation will be placed into the Medical Record.

PROCEDURE:

1. The Department of Anesthesiology consent policy shall be in accordance with the Hospital Consent policy.
2. Except in unusual circumstances there shall be a written consent documented on the patients' medical record (see note below). The Anesthesiologist, CRNA or Anesthesia Resident obtains documentation of the patient consent. This documents that the anesthesia plan was explained, the list of risks were discussed and that the patient understands and agrees to the plan and risks.
3. A discussion of the anesthesia plan, including alternatives to the plan, and the major risks and benefits, must take place with all conscious patients prior to the administration of the planned anesthesia.
4. Exceptions to obtaining patient consent might occur in emergencies and immediately life-threatening situations (e.g. patient is hemorrhaging, stat C-section, airway compromise, etc.). When the situation is under control, a statement of the inability to obtain consent due to the emergent nature of the patient's condition should be documented. The Medical Emergency section of the Informed Consent form may be used. The MD should document the Medical Emergency and print and sign their name.

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Additional note regarding written consent: At this time, the County DHS is utilizing the iMed Consent form. Written consent refers to the use of this computer generated form, any other computer generated form approved by the County. In the case of computer failure or other unusual circumstance in which a form is not available, another means of written documentation of consent may be utilized.	
References: 1) Olive View – UCLA Medical Center policy on Consents.	
Approved by: Rima Matevosian (Chief Medical Officer)	Date: 02/12/2020
Review Date: 06/14/2007, 08/25/2016, 02/12/2020	Revision Date: 12/10/07;1/14/2010; September 27, 2013;02/11/2020
Next Review Date: 02/12/2023	
Distribution: Anesthesiology	
Original Date: Not Set	