



NAME

DOB

MRN

PCP

**CONSENT FOR PROCEDURAL
SEDATION
(Patient Education on Reverse - English)**

Patient ID / Addressograph

STOP

Before you sign, do you have any questions?

- I have spoken to a provider about my sedation. I understand the information on this education and consent form. I have been as truthful and complete as possible about my medical history.
- My provider has explained the benefits, risks, alternatives, and options for pain control and sedation. My questions have been answered. I wish to have sedation for my procedure.

Urgent sedation (check if applicable):

My procedure needs to be done as soon as possible, even though my stomach is not empty. I understand that I have a greater risk of vomiting and breathing vomit into my lungs ("aspirating") and developing a life-threatening pneumonia. I understand the risks of delaying the procedure. Even though I do not have an empty stomach, I would like to have my procedure now.

Patient/Representative: Date: _____ Time: _____ Phone/Verbal Consent

Print Name: _____ Signature: _____ Date of Birth: _____
Print Name of Patient or Legal Representative Signature of Patient or Legal Representative

If a representative/surrogate-decision maker, indicate relationship:

- Surrogate verbally designated by patient during this admission
- Power of Attorney for Healthcare
- Conservator Spouse/Domestic Partner Parent/Legal Guardian Adult Child
- Other Family Member (Relationship) _____

Provider:

Teach-Back (The patient or surrogate was able to tell me what sedation is planned, why it is needed, the benefits and some of the risks that s/he might expect.)

_____/_____/_____/_____/_____
Date Time Print Name Signature DSW/POI#

Witness (Member of Healthcare Team): I acted as an interpreter for this consent discussion

_____/_____/_____/_____/_____
Date Time Print Name Signature DSW/POI#

Interpreter:

_____/_____/_____/_____/_____
Date Time Print Name Signature (if in person) Interpreter ID#

Patient Education about Procedural Sedation

- ✓ I am scheduled for a procedure requiring sedation to keep me comfortable. During my procedure, I will receive medicine that will help me feel less pain.
- ✓ A doctor, or a nurse under the supervision of a doctor, will give me medicine for sedation.

TYPES OF SEDATION

Moderate or “conscious” sedation controls my pain better than pain pills. It does not have the stronger side effects and dangers of deep or general anesthesia, or of a nerve block. I may feel sleepy, but not so sleepy that I cannot talk.

Deep sedation is a stronger version of sedation. With deep sedation, I may be so sleepy that I cannot talk or respond when someone talks to me. I am more likely to need help with breathing.

RISKS AND SIDE EFFECTS OF SEDATION

- I may have nausea, vomiting, and a headache or feel sleepy or dizzy for a few hours.
- The medications may slow my breathing. I may be given oxygen to help me breathe. If my breathing were to get very slow, I might need a breathing tube (“intubation”) or other help with breathing.
- My blood pressure could get lower. I may get fluids to treat this.
- I could have a brief period of amnesia (not remembering what happened to me).
- I could have pain or bruising at the place where the drugs go into my vein.
- I could have an allergic reaction to medicines that I receive.
- I should have an **empty stomach** to keep from vomiting. If I breathe vomit into my lungs, it could put me at risk for a life-threatening pneumonia. If I need to take medicines before my procedure, **I will take my pills with only a sip of water**. It is very important to follow all instructions about when to stop eating and drinking.
- Severe complications happen rarely. However, permanent disabilities and even death have occurred.

EDUCATION AND INSTRUCTIONS

- During and after the procedure, nurses will check my pain level, blood pressure, pulse, breathing, oxygen level and procedure site.
- The nurse or doctor will let me know when I am ready to go home or to my hospital unit. I can leave when:
 - 1) I am awake and alert;
 - 2) I am not vomiting or bleeding too much;
 - 3) My blood pressure, pulse, breathing and oxygen level are close to normal for me;
 - 4) I can drink fluids; and
 - 5) I can urinate, when this is appropriate

✓ **It is very important that I not eat or drink anything on the day of surgery, except for a sip of water with my regular medications.** If I do eat or drink, I could get a life-threatening pneumonia.

✓ **I cannot leave alone.** To go home after my procedure, I should be accompanied by someone responsible. This person should be able to help me for a few hours if I feel sick or have problems.

✓ After my procedure, I should take it easy. I should not drink alcohol or take drugs that are not prescribed by my doctor.

✓ **During the 24 hours after receiving sedation, I should not drive or operate machinery, drink alcohol or make any important decisions.**

✓ While I am taking narcotic pain medicines (such as Vicodin or Tylenol with codeine) or any other drugs that could make me sleepy, I should not drive or operate machinery or make any important decisions.



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