Conscious Sedation
Educational Material and Consent Form

Patient name _______________________________        Facility name_________________________________________________

Name of provider conducting informed consent_________________________________

The facts in this form will help you learn more about the type of anesthesia your doctor has recommended for your procedure. Please read it carefully. You will be asked to sign the last page of this form.

Your Health Problem

Your doctor has recommended that you have conscious sedation for pain control during your procedure. It will make you sleepy yet comfortable enough so the procedure can be performed.

There are many types of anesthesia.

• Local anesthesia is like the numbing medicine the dentist may use.
• Minimal sedation involves different types of medicine to make you sleepy.
• **Conscious sedation** places you into a deeper state of sedation but you are able to talk and move.
• General anesthesia makes you unconscious and a machine breathes for you. During general anesthesia, you are not aware of your surroundings and are not able to respond.

The Procedure and Follow Up

Your nurse will ask you about any allergies before the procedure.

First, an IV line will be started. An IV line is a plastic tube that is placed into a vein (usually in the hand or arm) so that you can get medicines and fluids during the procedure. Small pads called electrodes may be placed on your chest to monitor your heart.

A plastic strip will be placed on one of your fingers and joined to a pulse oximetry machine. This machine will track your oxygen levels. A blood pressure cuff will be put on your arm to check your blood pressure and other vital signs during the procedure.

The amount of medication is customized for each patient. Your doctor will decide how much is right for you. The nurse will give you the medicine (called sedatives and analgesics) in your IV and start with a small amount. It will make you very sleepy but you will still be able to respond with your voice, by touch, or by movement. You will be able to breathe on your own while you have conscious sedation.

Risks and Common Problems

There are risks linked to conscious sedation, which include but are not limited to:

• **Airway obstruction**: You could get an airway obstruction if something (possibly your tongue) blocks or covers your airway. This would make it hard to breathe.
• **Apnea**: You could stop breathing.
• **Bronchospasm**: You could feel a sudden tightening around the airway muscles, making it hard to breathe.
• **Cardiac Arrest**: You could have a heart attack.
• **Death**
• **Drug reaction**
• **IV site**: You could have pain, bruising or some clotting on the surface where the IV was placed.
• **Oxygen desaturation**: Your oxygen levels could fall below normal and you would have to be given more oxygen.
• **Stridor**: You could get a constriction or narrowing of the airway passages that makes it hard to breathe.
• **Throwing up**

If any of the problems listed above happen to you, you may need to have more treatment.

Other Choices

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If you do not have conscious sedation for this procedure, you could choose another type of anesthesia. You could also choose not to have the procedure. Your doctor will explain any other choices to you.

How well any other treatment works will depend on your specific health problem.

More Facts

You will have a nurse by your side during the procedure and afterwards during your recovery. The staff working with you will have emergency medicines and equipment available. They will also have an emergency plan should something happen during your procedure.

Consent to Treatment

I understand all the facts given to me on page one and two of this form. I now give my consent to Dr. ___________ and his/her associates to give conscious sedation to me (or my child). I prove with my signature below that my doctor has discussed all of the facts in this form with me, that I have had the chance to ask questions, and that all of my questions have been answered.

Signature of Patient or Responsible Party  Date and Time
Witness  Date and Time
Interpreter  Date and Time

Physician
I confirm with my signature that I have given the patient two (2) pages of educational material and have discussed with the above-named patient the risks, likely results, other choices, and possible problems of conscious sedation. The patient has had the chance to ask questions, all questions have been answered, and he or she has expressed understanding. Thus informed, the patient has asked that I give conscious sedation to him or her (or his or her child).

Physician Signature  Date and Time