CONSENT FOR ANAESTHESIA

*** To be read in conjunction with consent for Surgical / Invasive Procedure ***

(1) (A) I, ________________________________ (The Patient), hereby voluntarily give my consent to
the administration of the forms of anaesthesia as listed in (2) for the Procedure of
_______________________________________________________________________________________
_______________________________________________________________________________________.

OR

(B) I, ___________________________________, the father / mother / relative / guardian of
__________________________________ (The Patient), hereby voluntarily give my consent for the Patient
to the administration of the forms of anaesthesia as listed in (2) for the Procedure of
_______________________________________________________________________________________
_______________________________________________________________________________________.

(2) Type of anaesthesia:

☐ General Anaesthesia
☐ Monitored Anaesthetic Care
☐ Intravenous Sedation
☐ Local Anaesthesia / Topical Anaesthesia
☐ Regional Anaesthesia (*Spinal / Epidural / ___________________________ Anaesthesia)
☐ Possible combination of the above
☐ Others: ___________________________________________________________________________

(3) I acknowledge that, before signing the consent form, I have been fully informed about the possible risks / complications associated with anaesthesia:

(a) General risks / complications

♦ Minor problems are common, including but not limited to nausea and vomiting; general aches and pains; shivering; headache; dizziness; post operative pain and pain at injection sites; and sore throat.
♦ 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 & lips.
♦ Some of these serious complications can be fatal

(b) Any risks relevant to the patient

♦ Risks may be increased due to co-existing problems such as:-
  Diabetes; high blood pressure; heart disease; kidney disease; respiratory disease including asthma; common cold or influenza; smoking; overweight and old age

(c) Specific risks / complications associated with regional / spinal anaesthesia / local / epidural anaesthesia are uncommon. They include:

♦ Block may not work or work only partially, requiring supplementary anaesthesia
♦ Block may be too extensive requiring cardiovascular and respiratory support
♦ Headache after spinal or epidural anaesthesia
♦ Pain, bleeding or infection at site of injection
♦ Damage to spinal cord, adjacent nerves, blood vessels or organs
Consent for Anaesthesia

(4) I acknowledge that, before signing this consent form, I have been fully informed that the quoted complications / risks of anaesthesia are not exhaustive. Rare complications may not be listed.

(5) I understand that by necessity, medical practitioners other than the undersigned Doctor may assist in conducting the anaesthesia.

(6) I confirm that I have been provided with an information leaflet on anaesthesia (copy attached), and that I have reviewed the same, and that I fully understand the contents. (*delete this paragraph, if not applicable*)

___________________________________ ____________________________________
Patient’s Signature Parent/Relative/Guardian’s Signature
ID/Passport No: ______________________ ID/Passport No: _______________________
Date : ____________________ (dd/mm/yy) Relationship : _________________________
Date : ______________________ (dd/mm/yy)

Signature of Witness (Witness of Patient/Parent/Relative/Guardian’s Signature)
Witness’s Name: ______________________
Date : ______________________ (dd/mm/yy)

DOCTOR’S DECLARATION: I have explained the nature, risks and benefits of anaesthesia to the above signatory and have answered the above signatory’s questions. To the best of my knowledge, the above signatory has been adequately informed and has consented, and the details as such have been documented in the Patient’s clinical record.

_______________________________________  _______________________________________
Signature of Doctor (1) responsible for the anaesthesia   Signature of Doctor (2) responsible for the anaesthesia
Name of Doctor: _____________________________  Name of Doctor: _____________________________
Date : ____________________________ (dd/mm/yy)  Date : ____________________________ (dd/mm/yy)

I, ____________________, certify that I have truly, distinctly and audibly interpreted the contents of this document into (*insert language or dialect*) ______________________ to the Patient / Parent / Relative / Guardian.

_______________________________________
Interpreter’s Signature
ID/Passport No: __________________________
Date : ______________________ (dd/mm/yy)