



Informed Consent for General Anesthesia & Sedation

Name: _____

Date of Birth: _____

Age: _____

Date: _____

I understand that the following has been provided for me so that I may be informed of the choices and risks involved with having a procedure performed under anesthesia. It is my understanding that this information has been presented to enable me to make well-informed decisions concerning my or my child's treatment, not to make me anxious. My choices for anesthesia are local anesthesia, intravenous sedation or general anesthesia.

I have been informed that aside from drowsiness, the most frequent side-effects of any anesthetic include, but are not limited to, nausea, vomiting, sore throat, general muscle soreness and inflammation with tenderness and/or bruising around the intravenous site. Depending on the procedure performed, some degree of post-operative pain is to be expected. Since anesthesia may cause drowsiness and incoordination that may be enhanced by the use of alcohol or drugs, it is understood that (other than the usual prescription medications or medication prescriptions provided for the relief of post-operative discomfort by the surgeon, dentist, or anesthesiologist) they are to be avoided until completely recovered from the effects of anesthesia. I understand that the operation of any vehicle or any hazardous device/machine, or the making of any important decisions is to be avoided for at least 24 hours or until completely recovered from the effects of anesthesia. Parents are advised of the necessity for direct parental supervision of children for 24 hours following their anesthesia. I understand that I should be accompanied to my residence by a responsible adult and that I should be in the care of a responsible adult for 24 hours following sedation or anesthesia to ensure I am attended to should the need arise.

I understand that on rare occasions there are anesthesia-related complications which include, but are not limited to, pain, hematoma, numbness, infection, swelling, bleeding, skin discoloration, allergic reaction, tooth damage, and fluctuations in heart rhythm and/or blood pressure. I further understand and accept the extremely remote possibility that complications may arise which may require hospitalization, result in brain damage or death. I have been made aware that local anesthesia carries with it the least amount of risk and sedation/general anesthesia the most. However, local anesthesia alone may not be appropriate for some patients or procedures.

I understand that anesthetics and other medicines may be harmful to an unborn child and could result in spontaneous abortion or cause birth defects. Recognizing these risks, I accept full responsibility for informing the anesthesiologist of a suspected or confirmed pregnancy with the understanding that this will necessitate the postponement of anesthesia. For similar reasons, I understand that I must inform the anesthesiologist if I am (or my child is) a nursing mother.

A note about awareness under general anesthesia: The chance for a patient to be awake (in pain and paralyzed, unable to communicate) under general anesthesia is extremely remote and most

reported cases involve that undergo high-risk hospital-based surgical procedures coupled with the use of paralyzing medications (cardiac surgery, emergency operations, cesarean sections, etc.). The type of surgery and anesthetic medications for office-based general anesthesia tend to be very different from the above mentioned cases (for example, paralyzing medications are generally not used). While some hospitals (for selected cases) use a tool to monitor brain activity that might help to detect awareness, it is not clear that those tools make a difference to patient safety and these monitors, particularly for office-based anesthesia, are not routinely used.

I hereby authorize and request the anesthetist or his/her staff to contact persons on my behalf and obtain any previous or current medical records/information when needed to properly assess my or my child's health status prior to anesthesia.

I hereby authorize and request the anesthetist to perform anesthesia as previously explained to me, and any other procedure deemed necessary or advisable as a corollary to the planned anesthesia. I consent, authorize, and request the administration of such anesthetic(s) by any route that is deemed suitable by the anesthetist. It is the understanding of the undersigned that the anesthetist will have full charge of the administration and maintenance of the anesthetic, and that this is an independent function from the surgery or dental work.

I have been fully advised and completely understand the alternatives of conscious sedation, deep sedation and general anesthesia, and accept all the possible risks and consequences. I acknowledge receipt of and completely understand both pre-operative and post-operative anesthesia instructions. It has been explained to me and I accept that there is no warranty or guarantee as to any result and/or cure. I have had the opportunity to ask questions about my or my child's anesthetic and I am satisfied with the information provided to me.

I hereby acknowledge that I am a resident in the province of Ontario and I agree that the resolution of any and all disputes arising from or in connection with the care provided by the anesthetist as well as his or her agents and/or delegates shall be governed by and construed in accordance with the laws of the Province of Ontario and that the Courts of the Province of Ontario shall have the exclusive jurisdiction.

I have had adequate time to discuss the anesthetic with Dr. _____ and my questions have been answered to my satisfaction.

The responsible adult who will be with me (or my child) at my residence is: _____

Patient's Name: _____ Signature: _____

Witness Name: _____ Signature: _____

Date: _____



Patient Instructions for Sedation or General Anesthesia

Name: _____

Date of Birth: _____

Age: _____

Date: _____

Before (Preoperative Instructions)

1. **DO NOT EAT SOLID FOOD (including gum or candy) AFTER MIDNIGHT (OR IN THE 8 HOURS PRECEDING THE SEDATION/ANESTHETIC APPOINTMENT). DO NOT DRINK (NOT EVEN MILK, JUICES, OR COFFEE) AFTER MIDNIGHT (OR IN THE 8 HOURS PRECEDING THE SEDATION/ANESTHETIC APPOINTMENT).** Food in the stomach may result in vomiting and then subsequent pneumonia during anesthesia. This is unsafe and can be fatal. You (or your child) may drink up to 1 cup of water or clear apple juice up to 3 hours before the appointment. No other liquids are permitted.
2. Medications can be taken as usual with a small sip of water unless otherwise directed by the anesthetist.
3. Please dress yourself (your child) with loose fitting clothes so that monitoring equipment can be applied easily. Please bring a change of clothes (for children a diaper if necessary).
4. Patients are not to wear contact lenses, make-up or nail polish. Leave valuables at home.
5. Please advise us of any recent changes in you (your child's) health such as fever, vomiting, diarrhea, cold, or flu in the days before your appointment.
6. Please confirm the person who will be driving you (your child) home that day. You (your child) cannot go home alone.
7. Please call if you have any questions.

During

1. You (your child) will be given fresh oxygen and possibly some sleep medicine through the mask to breathe. Before going to sleep, monitor stickers are often placed on your (your child's) chest and a clip is placed on your (your child's) finger. A blood pressure cuff will be placed on your (your child's) arm.

2. In adult patients, a small intravenous catheter is placed usually in the back of the hand before going to sleep (faster and preferred), whereas in children, due to their fear of needles, the plastic intravenous catheter will often be placed in his/her hand or foot after falling asleep, to allow the fluids or medications to be given. In some adults, upon special request, the possibility of placing the intravenous catheter after falling asleep with a mask may be considered.
3. Most patients, especially children, toss/turn stretch out their arms, roll their eyes, and their breathing patterns will change as they are going off to sleep.
4. In general we encourage the presence of one parent (sometimes both) with the child for the induction of anesthesia (not for the duration of surgery). Due to a variety of factors this may not always be possible or be in the best interest of the child. Your understanding and cooperation in this context is very important (if, for example, you are asked to step outside to the waiting area).
5. In the case of general anesthesia, you (your child) will be completely asleep for the entire procedure. You are (your child is) normally asleep for about 15-30 minutes longer than the time it takes for the procedure to be completed.
6. Parents of children must wait in the waiting room during surgery until they are called in. While every effort is made to let parents see their child as early as possible after the anesthetic ends, children will in general have to be awake and stable enough to permit their parents to be with them after emergence. As children are often agitated when they awake from anesthesia, parents may hear their child cry without being able to see them (yet).
7. Please be aware that there may be delays during surgery and patients (parents or others) should clear their schedule of any other appointments or commitments on the date of surgery.

After

1. It usually takes approximately 30-60 minutes after the anesthetic before you (your child) can go home safely. It is not uncommon for you (your child) to feel dizzy and disoriented when you (your child) awake. Children frequently cry, even if they do not experience any discomfort. Expect to see the intravenous catheter in place until you (your child) is fully awake.
2. A responsible adult must accompany you (your child) home in a car or taxi. In the case of a child, the responsible adult must be at the child's side (i.e. NOT him/herself driving the car). It is recommended therefore that 2 adults accompany a child, one to drive and the other to attend to the child.
3. You (your child) should be resting at home for the post-operative period (24 hours). **DO NOT WORK OR DRIVE OR MAKE IMPORTANT DECISIONS**

FOR 24 HOURS FOLLOWING ANESTHESIA. A responsible adult should be with you (your child). Children should not run or ride a bike or any activity that requires coordination.

4. Give yourself (your child) plenty of fluids (water, juice) after anesthesia. **DO NOT DRINK ALCOHOLIC BEVERAGES OR TAKE SEDATING MEDICATIONS WITHOUT DISCUSSING IT WITH YOUR ANESTHETIST FIRST.** If you (your child) is not experiencing any nausea or vomiting, you (he/she) may eat solid foods as tolerated (please begin with easily digested foods).
5. A sore throat or sore nose (with some small amounts of blood) is common after anesthesia and will resolve on its own.
6. Take medications as advised. Unless instructed otherwise, Tylenol or Advil can be used to control pain.
7. The area where the intravenous catheter was placed may be sore and bruised for a few days after your visit. Should this persist or worsen please call your anesthetist.
8. For follow-up with the dentist/surgeon please call his/her office as instructed.
9. Please call your anesthetist for any concerns or unexpected events. If necessary contact or visit the nearest emergency room.
10. Please do not hesitate to call specifically:
 - i. if you (your child) vomits beyond 4 hours after anesthesia
 - ii. if you (your child) do not pass urine
 - iii. if you (your child) develop a fever over 38.5 C
 - iv. if there is any difficulty breathing
 - v. if there is any significant bleeding
 - vi. if there is severe pain, not relieved with rest and medication
 - vii. if there are any other concerns

Preanesthetic Questionnaire

	Yes	No	Do not Know
1. Do you have any heart trouble?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had a heart attack?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you ever have chest pain or angina?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a pacemaker or ICD (implantable cardiac defibrillator)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you ever have difficulty with your breathing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you get short of breath climbing one flight of stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have a cough?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have asthma, bronchitis or emphysema?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have sleep apnea?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes: Cigarettes per day? _____ # Years smoking? _____			
If no: Are you a lifetime non-smoker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you stopped smoking: When? _____ Cigarettes per day? _____ #Years smoking? _____			
12. Any history of jaundice or hepatitis or liver disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you have a bleeding disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Any history of thyroid problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you have any kidney problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you have Epilepsy or have you ever had a seizure or convulsion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you had a stroke?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you ever had a blood transfusion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you had cortisone, prednisone or steroids in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you or members of your family had problems with anaesthetics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you have a history of difficult airway or difficult intubation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you suffer from heart burn or acid reflux?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Do you have any capped, loose or false teeth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Do you have a family history of Malignant Hyperthermia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Do you have muscle weakness or problems with your joints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. If female, and of childbearing age, is there a possibility that you are pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Do you have HIV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Do you have a drug addiction or use any recreational medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Have you had a recent weight loss? ____ or gain? ____ How much? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Are you taking any tranquilizers or anti-anxiety medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Have you ever had a blood clot in your limbs or lung?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33 List how much alcohol you drink: _____

34 List your allergies: _____

35 List any operations and/or major illnesses you have had: _____

36 List your medications (including over the counter and herbal medications and puffers or inhalers):

Current Medications	Dosage

Completed by: _____

If not patient, state relationship: _____

Signature: _____

Date: _____

Anesthesia Information for Day Surgery Patients

As an outpatient requiring the care of an anesthetist you will be discharged as soon after the procedure as deemed advisable.

Your mental and physical function may be disturbed for some hours following anesthesia, especially if an intravenous anesthetic has been used.

Therefore it is recommended:

1. You be accompanied to your residence by a responsible adult. You should be in the **care of a responsible adult for 24 hours following anesthesia.**
2. You should **not drive an automobile or operate hazardous machinery for 24 hours** following anesthesia. You should not travel alone by public transportation for the remainder of the day.
3. You should **defer important decisions for 24 hours.**
4. You should **not consume alcohol for 24 hours** after anesthesia because it may interact with the anesthetic.
5. Contact the doctor or local hospital Emergency Department for any post-procedural problems.

I have read and understand the above recommendations.

I have had adequate time to discuss the anesthetic with Dr. _____ and my questions have been answered to my satisfaction.

The responsible adult who will be with me (or my child) at my residence is: _____

Patient's Name: _____ Signature: _____

Witness Name: _____ Signature: _____

Date: _____

Patients requiring General Anesthesia or Deep Sedation need to follow the following rules. These rules are intended to minimize the risks of General Anesthesia. **If they are not adhered to, your surgery may be delayed or cancelled.**

The Anesthesiologist has your child's interest at heart and is committed to provide a safe and pleasant anesthetic experience for you and your child.

1. It is essential that you visit your family doctor for a Physical Examination prior to the date of your Dental appointment. You will take along the provided 'History and Physical Examination' sheet and you must also complete and sign the Patient Questionnaire portion. The information that your family doctor has about your child's past health is an important part of his/her anesthetic care.
2. **All persons who require a General anesthetic must have an empty stomach.** To ensure this, your child must not have anything to eat for 6 hours prior to your appointment time. Milk or milk products are also forbidden. Sips of clear fluids such as water or apple juice are allowed up to 2 hours before the booked time of the procedure.
3. You should be in the Dental Office a half hour before your booked appointment.
4. As a parent you will be given the opportunity to be with your child as he/she goes to sleep. In fact we encourage this.
5. Children are usually put to sleep by breathing from a mask. This usually takes less than two minutes. It is essential that you hold your child's hands while the mask is being applied.
6. Some children actually prefer an intravenous induction of anesthesia and in those cases we will be pleased to do so by using a tiny needle. Using this type of induction your child will be asleep in less than thirty seconds.
7. Children cry for a variety of reasons including fear, anxiety and pain. It is not uncommon for children to cry while going to sleep and upon awakening and we wish to emphasize that such an occurrence, if it occurs, is not an indication of pain but rather that the child is upset.
8. After your child goes to sleep you will be asked to wait in the waiting area of the Dental Office.
9. Once the procedure is finished, your child will soon be awake at which time you will be asked to return to be with him/her in the Recovery Room. The child will be ready to go home within an hour.
10. Post operative instructions with respect to feeding, pain relief etc., will be provided by our Registered Nurse prior to discharge.
11. Sometimes children have one or two episodes of vomiting after a General Anesthetic, this is not abnormal and usually settles without having to use medicines like gravol.

If you have any concerns, please do not hesitate to contact your Anesthesiologist.

What is ambulatory anesthesia?

Ambulatory (or outpatient) anesthesia has been proven to be safe, convenient, and can be performed in a variety of facilities. You may have your procedure performed in a hospital, a freestanding surgical centre, or a private dental surgeon's office.

Short-acting anesthetic agents and specialized anesthetic techniques as well as care specifically focused to the needs of the ambulatory patient are used to make your experience a more pleasant one. In general, if you are in reasonably good health, you are a candidate for ambulatory anesthesia. Because each patient is unique, your anesthetist will carefully evaluate you and your health status to determine if you should undergo ambulatory anesthesia.

When will I meet my anesthetist?

Before you receive anesthesia your anesthetist will gather the information needed to evaluate your general health. You will be asked to fill out a questionnaire about your previous anesthetic experiences, any medical conditions, medications and allergies you may have. Your anesthetist will interview you before your anesthesia. If you have any particular concerns, you should ask your anesthetist.

What about eating or drinking before my anesthesia?

As a general rule, a person should not eat or drink anything for at least 6 hours before any type of anesthesia. Usually this means after midnight the day of your procedure. If you smoke please refrain.

Will I need someone to drive me home?

Yes. You must make arrangements for a responsible adult to take you home after your anesthetic or sedation. You will not be allowed to be left alone or drive yourself home. It is strongly suggested you have someone stay with you during the first 24 hours. These instructions are important for your safety. If you do not follow the instructions about not eating or drinking and having an adult take you home, your procedure may be cancelled.

Should I take my usual medication?

Some medications should be taken and others not. It is important to discuss this with your anesthetist. Do not interrupt medication unless your anesthetist recommends it. If you take it in the morning you may take your medications with a small sip of water.

What will happen before my procedure?

Most commonly you will meet your anesthetist on the day of your procedure. Your anesthetist will then review your medical and anesthesia history and answer further questions you may have. Monitoring devices will be attached such as a blood pressure cuff, EKG and other devices for your safety. If at all possible, wear loose fitting comfortable clothing.

What will happen during my procedure?

Your anesthetist is personally responsible for your comfort and well being. During your procedure, your anesthetist will direct your anesthesia and manage your vital body functions.

What can I expect after the procedure?

After you wake up, you will be watched closely by the anesthetist and specially trained staff. This is known as the recovery period. You will be in a chair or on a stretcher for about one hour while being monitored. You may only leave after the anesthetist deems it is safe for your discharge.

What can I expect at home?

Be prepared to go home and finish your recovery there. Patients often experience minor after effects following ambulatory anesthesia such as drowsiness, muscle aches, a sore throat and occasional dizziness and headaches. Nausea may also be present, but vomiting is less common. These are all self limiting and resolve with rest and time. These side effects decline rapidly in the hours following the procedure, but may take several days to completely resolve. The majority of patients do not feel up to their typical activities the next day, usually due to tiredness or surgical reasons. Plan to take it easy for a few days until you feel back to normal. Know that a period of recovery at home is common and to be expected.

What is the risk of anesthesia?

Adverse effects and serious complications are very rare, but the possibility does exist. In Canada the risk of dying as a result of anesthesia is quoted between 1 in 200 000 and 1 in 400 000. This is comparable to the risk of dying in commercial air travel and is much safer than the risk of traveling by car. Remember we are equipped and trained as hospital anesthetists to deal with any complication should it arise.




History and Physical

To be completed by your family physician.

Patient's Name: _____ Age: _____ Height: _____ Weight: _____

Past Medical and Surgical History:

Medications: _____ Allergies: _____

Medications: _____ Allergies: _____

Labs Investigations (ie EKG, CBC, etc., if done):
Please include copies if done.

Social History:

Physical Exam:

Vitals: HR: BP: sat(if done):

Head & Neck:

Chest:

Abdomen:

MSK/CNS:

Date: _____ Signed: _____ MD/RN

Date: _____ Signed: _____ MD/RN

Prior to Anesthesia:

Please have a history and physical completed by your family doctor. Complete the pre-anesthetic questionnaire.

Please do not eat for 6 hours prior to your appointment time. If your appointment is in the morning no food after midnight. If it is at 2 pm, for example, you may have a light breakfast up until 8 am.

You can drink clear fluids (pulp free juices, water, milk or cream free tea or coffee) up to 2 hours before your appointment.

If you smoke please try to refrain.

Please wear a short or loose sleeve shirt.

You will need a responsible adult to drive you home.

For parents coming in with young children please bring in a change of clothes in case it is needed.

After Anesthesia:

It is recommended that someone stay with you for 24 hours after your anesthetic.

You should not drive for 24 hours after anesthesia.

You should not consume alcohol or street drugs for 24 hours after anesthesia.

You should not make important decisions for 24 hours after anesthesia.

If you experience nausea or vomiting treat yourself as though you have the stomach flu. Consume smaller more frequent amounts of clear fluids rather than large amounts at once. Start with simple solids like crackers and toast and see how you tolerate that and then move up from there. Gravol may help.

Muscle aches, headache, sore throat, usually resolve after 24 hours. You can use Tylenol or Advil to help.

If you have any concerns, please do not hesitate to contact your Anesthesiologist.