Facility:

NYC Health+Hospitals - **Kings County**

NYC HEALTH+ HOSPITALS

Chart No.

Name

Unit

(Patient Imprint Card)

INFORMED CONSENT FOR MODERATE SEDATION

I hereby authorize(Name(s) of Attending Physician[s] and other authorized assistants, however their Associate Attending Physician[s] and other authorized assistants, however the intraining, as may be selected and supervised by them to administer meaning.	use staff and othe	er providers,		,
I have been informed of the risks, benefits and alternatives of the adminitiative been answered to my satisfaction.	stration of modera	ate sedation	ા and my વા	uestions
Signature of Patient or Parent/Legal Guardian of Minor Patient	Date	and	Time	am pm
If the patient cannot consent for themself, the signature of either the heal behalf of the patient, or the patient's surrogate who is consenting to the treation of Health Care Agent/Legal Guardian	•			•
(Place a copy of the authorizing document in the medical record) Signature and Relation of Surrogate	Date	and	Time	am pm
WITNESS: I,	form ☐ ; OR conse	ent to treatmer	ent telephonica	cally
Signature and Title of Witness	Date	and	Time	_ am pm
INTERPRETER: (To be signed by the interpreter if the patient required such assist I have provided an accurate and complete interpretation of an explanation/discuss and the patient or the patient's authorized representative Signature of Interpreter (if present), ID# and Agency Name		ween the heal	alth care provi	rider(s) _ am pm

Facility:

NYC Health+Hospitals - Kings County

INFORMED CONSENT PROGRESS NOTE

(The Informed Consent Form HH 100 B-2(b) on the reverse side must also be completed)

General Anesthesia (GA)

NYC	
HEALTH+	
HOSPITALS	•

Chart No.

Name

Unit

(Patient Imprint Card)

Straight Local

Time

pm

Date

I explained the risks, benefits, side effects and options of the proposed **moderate sedation** to the above-named patient. As I explained to the patient, the risks, benefits, side effects, alternatives and intended goals of the anesthesia (including potential problems with recuperation) include but are not limited to:

Risks and side effects of moderate sedation: Nausea, vomiting, aspiration, itching, allergic reaction to medication, drowsiness, headache, pain at surgical site, decreased breathing, decreased or increased blood pressure or heart rate, irregular heartbeat, and/or local irritation at IV site, cardiac arrest, death

Monitored Anesthesia Care (MAC)

Benefits: Improved comfort during the procedure, decrease or prevent pain and reduce memory of the procedure

Alternatives to Moderate Sedation (including the risk, side effects and benefits thereof):

Risks and Side Effects: Swelling, irritation, injury to teeth/lip/gum/tongue/throat or voice box, allergic reaction, nausea, vomiting, dry mouth, sore throat, hoarseness, headache, dizziness, drowsiness, irregular heartbeat, low/high blood pressure, fast/slow heartbeat, heart	Risks and Side Effects: Nausea, vomiting, allergic reaction, headache, discomfort at surgical site, possible awareness of procedure, slow/fast heartbeat, low/high blood pressure, irregular heartbeat, cardiac arrest, death	Risks and Side Effects: Discomfort at surgical site, aware of procedure, increased anxiety				
Benefits: No anxiety, no awareness, able to tolerate procedure better	Benefits: Faster recovery, less anxiety	Benefits: Awake, breathing on your own, faster return to normal activities				
Patient specific risks/benefits/alternatives	(if any):					
I provided the above-named patient with the and it is my professional opinion that the patient signature of Attending Physician or Authority	ent understands what I have explained.	answered the questions asked and am Date Time pm				
Print Name and License Number						
IF SOMEONE IS MAKING HEALTH CARE DECISIONS FOR THE PATIENT, THE ATTENDING PHYSICIAN MUST CERTIFY THAT THE PATIENT LACKS DECISIONAL CAPACITY.						
ATTENDING	G ANESTHESIOLOGIST'S CERTIFICAT	<u> TION</u>				
I have examined the above-named patient a capacity to make informed health care decis make these decisions, a copy of the patient's surrogate has consented to the proposed treat	sions. I understand that if this patient has Health Care Proxy must be inserted i	as appointed a health care agent to n the medical record. If the patient's				

Signature of the Attending Anesthesiologist

Print Name and License Number

^{*}Authorized Health Care Provider is one who is credentialed and privileged by the medical staff to perform this diagnostic test, procedure or surgery that requires informed consent.