



Consent for Anaesthesia

Name:

Pt No.:

Case No.:

Sex/Age:

Unit Bed No:

Case Reg Date & Time:

Attn Dr:

*Please fill in /
affix patient's label*

Page No:

01	02	03	04	05	06	07	08	09
+10	+20	+30	+40	+50	+60	+70	+80	+90

*** TO BE READ IN CONJUNCTION WITH CONSENT FOR OPERATION / PROCEDURE / TREATMENT ***

I. Status of Signatory who gives consent

- The Patient
- The parent or guardian of the Patient who is a minor
- The Patient's legal guardian appointed under Mental Health Ordinance with power to consent to the proposed operation / procedure / treatment
- Others (Please specify designation or relationship) _____

*Name of Signatory

HKID Card No. / Passport No.

II. Type of Anaesthesia

- General Anaesthesia
- Regional / Spinal Anaesthesia
- Intravenous Sedation
- Monitored Anaesthetic Care
- Local Anaesthesia
- Possible Combination of the Above

III. Information Sheet provided (if any)

IV. The Possible Risks / Complications Associated with Anaesthesia

1. General Risks / Complications

1.1 Serious complications from anaesthesia are uncommon. They include:

- 1.1.1 *Breathing difficulties
 - 1.1.2 *Stroke or brain damage leading to permanent disability
 - 1.1.3 *Strain on the heart, resulting in heart attack
 - 1.1.4 *Anaphylactic drug reactions
 - 1.1.5 Awareness whilst under general anaesthesia
 - 1.1.6 Damage to teeth & lips
- * Some of these serious complications can be fatal.

1.2 Minor problems are common. They include:

- 1.2.1 Nausea and vomiting
- 1.2.2 General aches and pains
- 1.2.3 Shivering
- 1.2.4 Headache
- 1.2.5 Post operative pain and pain at injection sites
- 1.2.6 Sore throat



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2. Risks related to the patient

Risks may be increased due to co-existing problems:

- 2.1 Diabetes
- 2.2 High blood pressure
- 2.3 Heart disease
- 2.4 Kidney disease
- 2.5 Respiratory disease including asthma
- 2.6 Common cold or influenza
- 2.7 Smoking
- 2.8 Overweight
- 2.9 Elderly

3. Specific risks / complications associated with regional / spinal anaesthesia are uncommon. They include:

- 3.1 Block may not work or work only partially, requiring supplementary anaesthesia
- 3.2 Block may be too extensive requiring cardiovascular and respiratory support
- 3.3 Headache after spinal anaesthesia
- 3.4 Pain, bleeding or infection at site of injection
- 3.5 Damage to adjacent nerves, blood vessels or organs

V. The Consent

I acknowledge that:

1. The doctor has explained my / the patient's proposed anaesthesia, the likely outcome, and the risks of this anaesthesia. I understand the risks of the anaesthesia, including the risks that are specific to me / the patient, and the likely outcome.
2. The doctor has explained other relevant anaesthetic options and their associated outcomes and risks.
3. I was able to ask questions and raise concerns with the doctor about my / the patient's condition, the anaesthesia and its risks, and anaesthetic options. My questions and concerns have been discussed and answered to my satisfaction.
4. The quoted complications / risks of the procedure are not exhaustive. Rare complications may not be listed.
5. I understand that an anaesthesiologist other than the explaining anaesthesiologist may conduct the anaesthesia.
6. I understand that during the anaesthesia, alternative anaesthetic option might be performed if the proposed anaesthesia is unsatisfactory.

On the basis of the above statements, **I agree to have the anaesthesia or I agree to the Patient to have the anaesthesia.**

*Name of Signatory

Signature

Date

*Name of Doctor(s) who perform the Procedure

Signature

Date

*Name of Witness

Signature

Date

*Name of Interpreter (if any)

Signature

Date