

Informed consent for sedation techniques during diagnostic and therapeutic examinations

Name: <i>(First and both surnames of the patient)</i>
National ID no.:

I HEREBY DECLARE

That
Doctor.....
(First and both surnames of the physician)

has explained to me that the medical treatment recommended in my case
.....
.....

Purpose:

The main aim of sedation during examinations (CT, MR, endoscopy, etc.) is to achieve a situation that meets the requirements of the test and the specialist who performs it, decreasing my anxiety and the pain that may arise due to the test, and with the anaesthesiologist monitoring my vital signs at all times.

Description of the procedure:

Sedation involves administering medications from the group of general anaesthetics, intravenously and/or by inhalation, in doses based on the aggressiveness of the test and the discomfort it may cause, as well as on my medical and pharmacological history. It may occasionally be necessary to achieve the same level as during general anaesthesia. During sedation, I will feel calm,, free from pain and unresponsive to unpleasant stimuli (noise, cold) from my surroundings. The anaesthesiologist and specialist who will carry out the test will jointly determine the degree of sedation required in each case qualitatively and quantitatively. The anaesthesiologist has explained to me the availability of alternative techniques.

General risks:

The anaesthesiologist has explained to me that sedation implies a risk and that it is not always possible to predict the point at which sedation becomes general anaesthesia. It has also been explained to me that sedation implies risks similar to those of general anaesthesia, namely bradycardia, decreased blood pressure, respiratory depression, difficulty in getting enough oxygen, allergic reactions, nausea and/or vomiting or others which, on very rare occasions, may have serious or even fatal consequences.

Personalised risks:

All anaesthetic procedures imply a series of common and potentially serious complications that may require complementary medical and/or surgical treatment and which, given my current health status (diabetes, heart disease, hypertension, anaemia, age, obesity), may increase risks or complications such as
.....
.....
.....

There is a classification known as the ASA Classification that evaluates the risk to patients based on their health status at the time of surgery.

ASA I

- Health status: Excellent, with no systemic disease
- Functional limitation: None.

ASA II

- Health status: Non-life threatening and controlled systemic disease.
- Functional limitation: None.

ASA III

- Health status: Major and controlled disease of one or more systems.
- Functional limitation: Present but not incapacitating.

ASA IV

- Health status: Poor but with at least one serious and poorly controlled or terminal disease.
- Functional limitation: Incapacitated.

ASA V

- Health status: Very poor or dying.
- Functional limitation: Incapacitated.

ASA VI

- Patient in brain death.

I have an ASA of based on my current health status.

Patient's declaration

I have been informed by the undersigned physician of:

- The advantages and risks of the procedure indicated above.
- The possible alternatives to it.
- That I can revoke the consent given here at any time and without needing to give an explanation.

I have understood the information provided to me and I have had the opportunity to ask any questions that I may have had.

Consequently, I give my consent

.....
Signed: THE PATIENT

.....
Signed: THE PHYSICIAN
Med. Licence no.:

In, on

DECLARATION of family member, relative or legal representative, as applicable, who has received information due to the incompetence of the patient

Name National ID no. Signature

DECLARATION of witness, if applicable

Name National ID no. Signature

Denial or revocation

In the presence of the undersigned witnesses, I, Mr./Ms. _____
having been informed of the nature and risks of the procedure indicated above, on ____ 2____
freely and consciously deny/revoke (**delete as applicable**) my consent to carry out said procedure and assume full
responsibility for the medical and/or legal consequences that may arise as a result of this decision.

.....
Signed: THE PATIENT

.....
Signed: THE PHYSICIAN
Med. Licence no.: í í í í í í í í ..