

Procedural Sedation and Analgesia

I request Dr. David Traficante to do the following procedure: Procedural Sedation and Analgesia

Communication with my Doctor

Dr. David Traficante has explained the following information:

Procedure:

- Procedural sedation (also known as moderate sedation, conscious sedation or sedation and analgesia) is a drug-induced state of reduced awareness and decreased ability to respond. Medications can be given through an IV catheter into a patient's vein, ingested by mouth or inhaled through the nose. The physician may give one or more sedative medications depending on the individual patient and level of sedation required.

Illness or medical condition:

- The purpose of procedural sedation is to allow a patient to more comfortably receive treatment which otherwise may be anxiety provoking, uncomfortable or painful. Typically, this will be used for reduction of a fracture or dislocation. Other indications include incision and drainage of an abscess, laceration repair, lumbar puncture, change of burns dressings or cardioversion

Alternative treatment options:

- You may choose not to have this procedure.
- The physician may give you non-sedating pain medications for pain relief or local anesthesia.

Prognosis and possible risks if I do not have the procedure:

- If you choose not to have this procedure, your physician may be able to attempt the treatment without sedation. However, your treatment options will be limited if you are too uncomfortable or have too much pain to receive the necessary treatment. Your condition may get worse. You may die.

Risks of the procedure:

- Apnea. This occurs when you stop breathing (which is a side effect of many sedation medications). If this occurs, you may require intubation or further ventilation assistance via alternative routes.
- Low blood pressure
- Allergic reaction to the medication
- Infection

Physician Initial: _____ Patient/Authorized Person Initial: _____ Date: _____

Risks (continued)

- Drowsiness
- Nausea and/or vomiting
- Amnesia (partial or total loss of memory)
- Awareness during the procedure
- Headaches
- Muscle aches
- Sore throat and/or hoarseness
- Rare potential risks include injury to teeth, vocal cords, peripheral nerves, skin, respiratory and cardiovascular problems, and loss of function of any and all organ systems, loss of sensation, muscle weakness, infection, drug reaction, nerve injury, sexual or other hallucinations, heart attack, cardiac arrest, brain damage, stroke or death.

In addition to the risks listed above, any health or disease factors that I/my child has that could increase my risks has been explained.

Consent for Treatment

By signing below, I agree that:

- I have read this form or it was read to me.
- I understand the explanation of the benefits and possible risks.
- I understand my other options and what would happen if I have no treatment.
- I was able to ask questions and they have been answered to my satisfaction.
- I was given the opportunity to have a support person/interpreter present
- I choose to have this procedure/operation done and authorize Dr. David Traficante to complete the procedure and his/her designated associates to assist with the operation.
- I consent to any other emergency procedure required to treat a life-threatening event during the operation.
- I consent to the disposal of any tissues or parts that may be removed during the procedure.
- I understand that no guarantee has been made that the procedure/operation will improve the condition.

Signature of patient or person authorized to
give consent

(Relationship to patient)

Date

Witness to Patient signature

Witness to Patient (Printed)

Date

I believe that the patient/substitute decision-maker fully understood the review of the procedure.

Signature of physician

Date