



## Consent Form for Sedation

Sedation is a controlled change in the state of consciousness designed to detach patients from the environment to a certain degree to prevent them from feeling pain or discomfort during performance of the medical procedure. Sedation is measured in terms of its impact on the state of consciousness - the patient may move from one level of sedation to another, depending on variables such as age, weight or diseases, and drug interactions. Let us emphasize that deep sedation may become general anesthesia in certain conditions.

Sedation is performed during procedures that cause discomfort or pain, but the performance of which requires the patient's cooperation. The advantage of sedation is that it depresses awareness, but is not general anesthesia, meaning that essential bodily functions continue as normal and patients waken more quickly and easily following the procedure.

In general, sedation is performed by a physician who is not an anesthesiologist. However, in some cases it will be necessary for an anesthesiologist to do so, depending on the complexity of the procedure and the medical condition of the patient. Sedation is performed by injecting medications into the bloodstream and/or by oral administration of medications. During sedation, to a certain degree, the patient's awareness of the environment or their body and from the sense of pain is depressed, although a level of cooperation remains and vital functions are maintained. The speed of recovery from sedation depends on variables such as age, medical condition, type and quantity of the medications used and the length of the procedure. As a rule, patients return to consciousness and function relatively more quickly than following general anesthesia.

The risks of sedation are not necessarily related to the type and complexity of the procedures, but relate to the patient's medical condition and background diseases such as respiratory failure, heart failure, coronary heart disease and the like. The medications used for sedation have a much stronger effect on patients who are very young or over the age of 85, and their recovery takes longer. This is taken into account when planning the procedure.

Under certain conditions, the patient may lose some of the essential reflexes such as coughing, vomiting or breathing. In such cases, which border on general anesthesia, the staff will take emergency measures to overcome potential complications, including aspiration of stomach contents, choking, pneumonia and cessation of breathing. As a result of these actions, damage may be caused to teeth, the oral cavity and the trachea. The staff attending to you has undergone training and is certified to handle such events. In rare cases, there may be serious complications, including a severe allergic reaction and/or in the function of other vital systems. In very rare cases, death may occur due to such complications.

When performing any type of sedation on a pregnant woman, some of the sedatives used could possibly reach the fetus, and in isolated cases there may be side effects and rare complications for the fetus or the continuation of the pregnancy. Therefore, the patient must provide the physician with complete information about their diseases, drug sensitivities and reactions to prior general anesthesia/sedation, including complications, if any.

Patient's Name:

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<b>Last name</b>	<b>First name</b>	<b>Father's name</b>	<b>ID no.</b>
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I hereby declare and confirm that I have received a detailed verbal explanation from Dr.

\_\_\_\_\_

**Last name**

\_\_\_\_\_

**First name**

of the need for sedation to perform the scheduled test/procedure. In addition, the purpose of the sedation and the ways it can be performed have been explained to me.

I hereby declare and confirm that the different possible types of sedation have been explained to me and that it is possible that the level of sedation may change up to general anesthesia, at the discretion of the attending physicians and/or anesthesiologists. I declare that I am aware that if I do not consent to sedation, the procedure may involve suffering/pain, and it may not be able to be performed properly and in full.

It was explained to me that the sedation can fail due to issues with my anatomical structure, some of which cannot be anticipated in advance. Failure in performance of sedation may, at times, require administration of treatment to guarantee the activity of essential systems and even performance of life-saving procedures. It has been explained to me that in such a case, it is possible that the scheduled surgery may not be performed.

I received an explanation of the side effects following sedation, including a sore throat and discomfort when swallowing, muscle pain, nausea and vomiting as well as general discomfort.

I am aware and agree that sedation, in all its various forms, will be performed by the person to whom it is assigned, according to the procedures and instructions at the institution and that I have no been promised that all or any part of them will be performed by a specific person, provided that they are performed with the responsibility that is standard at the institution an in compliance with the law.

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Time**

\_\_\_\_\_

**Patient's signature**

When dealing with a person who is legally incompetent, a minor or mentally ill - **Name of guardian Relationship Guardian's signature**

I confirm that I have verbally explained everything set out above at the level of detailed required to the patient/the patient's guardian and that s/he signed the consent form before me after I was convinced that s/he fully understood my explanations.

\_\_\_\_\_

**Physician's name**

\_\_\_\_\_

**Physician's signature**

\_\_\_\_\_

**License no.**



**Summary of the explanation given to the patient:**

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Location of consent discussion: \_\_\_\_\_

Present in the discussion: \_\_\_\_\_

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Date	Time	Signature of patient
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**When dealing with a person who is legally incompetent, a minor or mentally ill - Name of guardian, Relationship,  
Guardian's signature**

I confirm that I have verbally explained everything set out above at the level of detail required to the patient/the patient's guardian and that s/he signed the consent form before me, after I was convinced that s/he fully understood my explanations.

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**Physician's name**

**Physician's signature**

**License no.**