Informed Consent For Conscious Sedation

Patient Name: _____ UID: _____
IPID: _____ Age: _____ D.O.A.: _____

Gender: Male/Female_____ Unit: _____

I, _____, ☐ the Patient, or ☐(representative of patient _____), have (please tick the correct option above and below)

- read
- been explained this consent form in _____ (name of language) which I fully understand, that I would require 'Conscious Sedation' for getting_____ (operation/procedure/Investigation) performed.

It has been explained to me that all forms of Conscious sedation may involve some risks, though rare, complications like drug reactions, loss of sensation etc. I understand that these risks apply to all forms of Conscious Sedation and that additional risks specific for the type of Conscious sedation as applicable in my case have been explained to me as well.

☐ **Conscious (Moderate Sedation)**	Technique	Drug injected into the bloodstream, breathed into the lungs, or other routes producing a semiconscious state.
	Expected result	Reduced anxiety and pain, partial or total amnesia.
	Major Risks	An unconscious state, depressed breathing (requiring Ventilation), injury to blood vessels.

_____

_____

BY SIGNING THIS FORM, I GIVE MY FULL, FREE, VOLUNTARY CONSENT WITHOUT ANY RESERVATION TO DR. _____ (name of doctor administering Conscious sedation of his/her associates, for administering Conscious sedation to ☐MYSELF or ☐ MY PATIENT _____ (name of patient), being fully aware of the nature, risks and complications.

	Signature / Thumb Impression*	Name
Patient		
Surrogate/Guardian (if applicable#)		(Write name & relationship with patient)
Reason for surrogate consent	Patient is unable to give consent because:	

Witness		
Interpreter (if applicable)		

*Right Hand for Males & Left Hand for Females #
only if Patient is a minor or unable to give consent

Signed by the above on _ _/_ _/_ _ _ _ at: _ _: _ _ AM/PM

I, the undersigned Doctor, have explained the nature, potential risks and complications, expected benefits, expected post- Conscious Sedation recovery, and possible alternatives to the patient/patient representative. I am confident that he / she has understood the information provided in this document.

Consent obtained by:

Dr. _____ Designation & Dept._____ Signature: _____

Date: _____

^ (being person administering Conscious sedation or member of his /her team)

Disclaimer

The content of the E-mitra is intended to serve as a sample and guide for better understanding the NABH Entry Level Standards. It is not prescribed by NABH as the exclusive or only way to meet the standards. Healthcare organizations are encouraged to adapt and modify the materials according to their own scope of services and operational needs. NABH is not liable for any misinterpretations or errors resulting from the unmodified use of this material, or for any non-compliance during assessments that may arise because of such actions.