

<p style="text-align: center; margin: 0;">FILL IN WHEN THERE IS NO LABEL</p> <p>Name _____</p> <p>Date of Birth ____/____/____ Age _____</p> <p>Agreement _____</p> <p>Registration _____ Bed _____</p>	<p>Date ____/____/____</p> <p>Hour ____:____</p> <p>Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</p>
---	---

I authorize the anesthetic procedure or sedation specified (do not use acronyms or abbreviations):

Proposed anesthetic technique _____

Alternative anesthetic technique _____

Appointed by the Doctor(s) mentioned below, doctor(s) accredited at the institution.

By signing this document, I declare my express informed consent to carry out the anesthetic/sedation procedure indicated and other procedures necessary to manage the anesthesia, such as: requesting tests, drug treatments, insertion of catheters, probes and drains, various punctures, transfusion of blood and blood products and other unforeseen situations that result in care different from that initially proposed, but which are complementary to intraoperative care. I have been informed about the aspects related to the anesthetic/sedation procedure to which I will be submitted and I have been duly informed about anesthetic techniques and their benefits, such as: **1. Sedation** - administration of sedatives, with the benefit of greater comfort and less anxiety. **2. General Anaesthesia** - characterized by unconsciousness, analgesia and immobility through the administration of anesthetics. There is respiratory assistance by means of devices such as a face or laryngeal mask and tracheal tubes (probes inserted into the trachea). Its benefits are unconsciousness, analgesia, control of pulmonary ventilation and vital blood circulation parameters; **3. Spinal blocks** - spinal anesthesia, epidural anesthesia and double block (combination of both techniques). They are performed by injecting an anesthetic solution into the spine, preventing or hindering the transmission of pain; **4. Peripheral nerve blocks** - are characterized by the injection of anaesthetic around nerves with the aim of anaesthetizing a body segment. In the techniques described in items 3 and 4, the main benefits are a reduction in post-operative pain, the possibility of early physiotherapy and less opioid use with a reduction in side effects (itching, nausea, vomiting and respiratory depression). **5. Anesthetic monitoring** - Monitoring the performance of a procedure, without necessarily administering anesthetic agents, providing clinical support and ensuring safety. Regarding risks, regardless of the anesthetic technique indicated, although rare, the following may occur: prolonged drowsiness, allergic reactions, anaphylactic shock, circulatory disorders circulatory disorders, phlebitis, skin damage, nerve damage, muscle pain, infectious complications, difficulty breathing, nausea and vomiting, pain, cardiac arrhythmias vomiting, pain, cardiac arrhythmias, aspiration of gastric contents, heart attack, stroke, visual impairment or loss, cardiac arrest and death. If **general anesthesia and/or sedation** is proposed, manipulation of the airways may be necessary, and dental and oral mucosa damage, hoarseness, sore throat, changes in the level of consciousness during or after surgery, memory lapses after surgery, nausea and/or vomiting may occur. In cases of **peripheral nerve blocks and spinal blocks**, the most commonly reported complications are headache, inflammation and pain at the site of the anesthetic puncture, nausea and/or vomiting, bleeding, itching, changes in sensitivity, tremors, dizziness, loss of strength, local anesthetic intoxication, urinary retention and partial anesthesia failure. I have been informed of the following points: a) during the surgical procedure, it may be necessary to during the surgical procedure, there may be a need to complement the anesthesia with the addition of other medications and techniques, always seeking the best result; b) anesthesia involves risks, and the main complications have been explained satisfactorily; c) the response to the administration of medication is individual and the occurrence of side effects or unwanted effects is unpredictable; d) there is no absolute guarantee of the results to be obtained, even with the use of all the resources, medicines and equipment available in this institution. I declare that I had the opportunity to ask questions, which were answered satisfactorily. I understand that there is no guarantee of the results and that this term does not cover all the known complications and possible risks of this anesthesia, but only the most frequent or most serious. I declare that I have understood and participated in the decisions about the postoperative analgesia proposed during the pre-anesthetic evaluation, the aim of which is to provide better pain control.

I declare that I have been informed of the risks, benefits, likelihood of success, possible results of lack of treatment and anesthetic alternatives for my case. My consent was obtained before the anesthetic procedure was carried out and, after a medical assessment of my clinical condition, which was duly explained to me.

Must be completed by the patient

I confirm that I have received explanations, read, understood and agree with the items referred to above and that I have been given the opportunity to clarify all doubts before the surgical procedure.

Patient Responsible person or Guardian*

Full name* _____ Identity no. _____

Degree of kinship* _____ Signature* _____

Date ____/____/____ Time ____:____

Must be completed by the doctor

I declare that I have explained to the patient and/or guardian the entire procedure, examination and/or surgery to which the above-mentioned patient is subject, regarding indications, benefits, risks and alternatives, having answered the questions formulated by them. According to my understanding, the patient and/or guardian is in a position to understand what has been informed.

It was not possible to collect this consent, as this was an EMERGENCY situation.

Doctor's name / CRM or Stamp	Signature
------------------------------	-----------