

Name:
Sex:
MRN#:
Age:

Hualien Armed Forces General Hospital

To: Hualien Armed Forces General Hospital

Date:

Consent Letter for Anesthesia

Since the patient _____ is suffering from _____ and needs to undergo the operation of _____ and the physician _____ (signed by the physician personally) of your hospital has explained the items as follows in detail and the patient fully understands and agrees for your hospital to conduct the anesthesia for the said operation:

1. The conducting anesthesia and the way of monitoring anesthesia.
2. Possible complications and dangers of anesthesia (refer to the back "Anesthesia Instructions).

Your hospital needs to pay attention to the medical treatment as well as possible while conducting the anesthesia, surgery anesthesia and the period of surgical recovery. If any emergency occurs, the patient grants your hospital permission to make any emergency treatment.

Consenter: _____ (Signature and seal)
ID Card No.: _____
Address: _____
Telephone No.: _____
Relationship to the patient: _____

Notes:

1. This consent letter shall be signed by the patient personally; if the patient is a minor or can not sign personally, the consent letter may be signed by a relative according to Item 1, Article 46 of the Medical Treatment Law.
2. If the consenter is not the patient himself/herself, "The relationship with patient" shall be filled in.
3. After this hospital has performed surgery for the patient, if it is necessary to undergo the operation again, unless the emergency case stipulated by the proviso of Item 1 of Article 46 of the Medical Treatment Law, shall observe the procedure explanation of this form and sign a letter of consent again.
4. Item 1, Article 46 of the Medical Treatment Law stipulates: "Before undergoing an operation, a hospital shall get the consent from the patient, his/her spouse, family or relative party to sign an Operation Consent and Letter of Consent for Anesthesia; before signing, a physician shall explain the reason, the possible success, or complication and danger of operation to the patient, his/her spouse, family or relative. Without consent, the operation or anesthesia shall be not conducted. However, it's not limited to emergency cases."
5. The letter of consent is applicable to an outpatient operation conducted in a clinic.

Anesthesia Instructions

1. The necessary treatment for your condition is surgery. During surgery, you need to accept anesthesia, which will enable us to perform a successful operation, which will alleviate your fear and pain during the operation and maintain your physiological functions stability. However, in some anesthetized patients, the following possible side-effects and complications may happen no matter whether during general anesthesia or regional anesthesia:

- 1) In any patient who had or has potential cardiovascular system disease it is easier to cause a sudden acute myocardial infarction during the surgery or after anesthesia.
- 2) In any patient who had or has potential cardiovascular system or cerebrovascular system disease it is easier to suffer stroke during the surgery or after anesthesia.
- 3) Any patient who has undergone an emergency operation, or concealed eating, or high entogastric pressure (such as ileus, pregnancy etc.) may result in vomiting while anesthetized resulting in inhaled pneumonia.
- 4) Any patient who has an idiosyncrasy, anesthesia will cause malignant fever (which is a potentially inherited disease and modern medicine still has no proper pre-test).
- 5) Any patient who is especially allergic to medicines or will suffer a sudden reaction due to blood transfusion.
- 6) Regional anesthesia may result in short-term or long-term injury of a nerve.
- 7) Other accidental pathological changes.

2. If the patient or consentor has any question as to the above, before signing the letter of consent shall ask for details from related physician.