

Informed Consent in Anesthesia Care

Informed consent is a key component of a person's fundamental right to make knowledgeable decisions about their healthcare. Rather than a hastily signed form or nondescript note in a health record, true informed consent refers to the process of educating a patient about treatment options and potential outcomes.

An article in the *ASA Monitor* explains that informed consent is slightly different in anesthesiology than in other medical specialties for several reasons. First, an anesthesia provider may not meet the patient until the day of the procedure, limiting the timeframe for engaging in a thorough consent process. Second, at the time of the anesthesia informed consent, the patient has likely already

made a decision to go forward with a specific procedure. Thus, the informed consent process focuses more on discussing anesthesia options and disclosing potential benefits, risks, and complications. Third, it is likely that the anesthesia informed consent discussion occurs as part of, or along with, another consent process, such as surgical consent.¹ (Note: Some states mandate a separate informed consent process and documents for anesthesia administration.)

Given these distinctions, anesthesia providers can review the tips in this publication to assess their informed consent processes, to determine whether patients are receiving appropriate and accurate information, and to ensure they are taking all necessary steps.

1

Be aware that informed consent is a nondelegable duty that the treating provider should perform. Staff members may participate in some aspects of the informed consent process — such as the provision of general educational information — but they should be properly trained to do so.

2

Review federal and state statutes and regulations governing informed consent, and make sure your informed consent forms adhere to them. Be aware of laws and guidance related to [informed consent for special populations](#), such as minors and cognitively impaired individuals.

3

Understand and follow your healthcare organization's policies and procedures related to informed consent. For example, does your organization have a policy about whether separate informed consent processes and forms are required for surgery and anesthesia? Does your organization have a policy about whether a separate form should be used for nerve blocks?

4

Ensure that the consent process is tailored to each patient's specific condition, risks, and treatment. Consider the patient's overall capacity to understand the information provided as well as [cultural, religious, or ideological factors](#) that might play a role in decision-making.

5

Consider the optimal timing to have informed consent discussions with patients. Providing information too far in advance of a procedure or too close to the time of procedure might compromise recall and retention. Additionally, if a patient's condition changes following an informed consent discussion, the anesthesia provider should conduct the process again to account for new risks and complications.²

6

Discuss with each patient the options for anesthesia or sedation and the potential risks and benefits of each. When applicable, talk with patients about the potential need to transition from sedation or regional anesthesia to general anesthesia, and secure the patient's consent for general anesthesia.

7

Include all parts of the anesthesia treatment plan in the informed consent discussion, including postoperative pain management approaches. Additionally, include any risks specific to the procedure setting, such as the potential need to transfer the patient from an ambulatory surgery center to a hospital to access additional expertise or equipment.

8

Provide detailed information to each patient about common risks and complications of anesthesia-related treatment, such as dental injuries, sore throat, nausea, vomiting, respiratory depression, etc. Additionally, disclose information about risks that, even if not common, a patient would reasonably want to know about (such as nerve damage or cognitive dysfunction).

9

If an anesthesia provider other than the anesthesiologist — such as a certified registered nurse anesthetist or resident in training — will perform part or all of the anesthesia treatment, inform the patient about which portions of treatment will be delegated.

10

Use [lay language and avoid medical jargon](#) during the informed consent process. If needed, provide [interpreters or auxiliary aids](#) to support communication with patients who have limited English proficiency or disabilities that create communication barriers. Allow patients and family/caregivers time to ask questions or voice concerns about the anesthesia treatment

11

Consider using illustrative aids, such as drawings or videos, to educate patients and reinforce important information. Encourage patients to thoroughly review materials prior to consenting to treatment.

12

Assess patients' understanding of the information they receive during the informed consent process. A technique such as the [teach-back method](#) can help anesthesia providers determine whether patients have ample comprehension. Remember that a patient who does not comprehend information cannot consent to treatment.

13

Thoroughly document the informed consent process, including (a) the discussion of treatment options, risks/benefits, and common and material complications; (b) patient questions/concerns and provider responses; (c) the provision of verbal and written patient education; (d) patient comprehension of information (including the use of any techniques to assess comprehension); and (e) the patient's or legal proxy's acceptance or refusal of the proposed treatment.

14

Understand legal and organizational requirements for provider, witness, and patient/legal proxy signatures on informed consent forms. Include all forms in patients' health records

15

Document any changes that occur during the course of the procedure that necessitate a change to the anesthesia treatment plan.

Resource

For more information on this topic, see MedPro's [Risk Resources: Informed Consent](#).

Endnotes

¹ Bettini, L. (2018). Informed consent for anesthesiologists. *ASA Monitor*, 82(3), 56–57. Retrieved from <https://journals.lww.com/monitor/toc/2018/03000>

² American Association of Nurse Anesthetists. (2016). *Informed consent for anesthesia care: Policy and practice considerations*. Retrieved from https://issuu.com/aanapublishing/docs/6_-_informed_consent_for_anesthesia_care

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