
**STONY BROOK
UNIVERSITY
MEDICAL CENTER**
Stony Brook, N.Y. 11794

CONSENT FOR PROCEDURAL SEDATION

I consent to the administration of procedural sedation and analgesia by _____ a medical staff member of the Department of Emergency Medicine. I understand that procedural sedation can only be ordered by a physician who has been credentialed by University Hospital and Medical Center.

Procedural sedation will allow you, or your relative to better tolerate diagnostic test(s) or therapeutic procedure(s). Procedural sedation may induce drowsiness, deep sleep, or unconsciousness. You may have awareness of your procedure and you may experience some discomfort during the procedure. If you are uncomfortable, your doctor will give you more sedative medication if he or she feels you can tolerate the additional medication safely. The medications are administered through an intravenous line.

Side effects/ risks of procedural sedation include inadequate breathing requiring assistance or resuscitation, allergy to medication, and infection from the IV line. Alternatives to procedural sedation include no sedation or some other form of local or regional anesthesia.

I have had an opportunity to ask questions and agree to procedural sedation.

Signature of Patient (or representative)

Relationship (if other than patient)

Signature of Witness

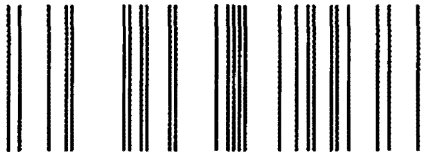
Title or relationship to patient

(Age 18 or older, other than Practitioner performing procedure)

Signature and ID # of Practitioner Obtaining Consent

Date

Time



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Use Of Interpreter or Special Assistance

An interpreter or special assistance was used to obtain consent from this patient as follows:

- Foreign language (specify) _____
- Sign language
- Patient is blind, consent form read to patient.
- Other (specify) _____

Interpretation provided by _____
(Fill in name of interpreter and title or Relationship to patient.)

Signature/ID No. of Practitioner

Date

Time