



Affix Patient Label

Patient Name:

Date of Birth:

Informed Consent: Electrical Cardioversion with Moderate Sedation or Anesthesia

This information is given to you so that you can make an informed decision about having **Electrical Cardioversion with moderate sedation or anesthesia**.

Reason and Purpose of the Procedure:

Cardioversion is used to treat fast or irregular heartbeats. A machine is used to send electrical energy to the heart muscle to return it to a normal rhythm. Pads are placed on your chest. Electrical energy is delivered through the pads to the heart. The procedure restores the normal heart rate and rhythm. This allows the heart to pump better.

Benefits of this Procedure:

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- Your heart may beat normally.

Risks of Procedure:

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect.

Risks of this procedure:

- Heart rhythm disturbances. You may need fluids and medicine.
- Stroke. Rehabilitation may be needed.
- Skin irritation at the site of cardioversion pads. Medicine may be needed.
- Death may occur.
- Reaction to the anesthetic may occur. The most common reactions are nausea and vomiting. In rare cases, death may occur. The anesthesiologist will discuss this with you.

Information on Moderate Sedation:

You will be given medicine in an IV to relax you. This medicine will also make you more comfortable. This is called "moderate sedation". You will feel sleepy. You may even sleep through parts of your procedure. We will monitor your heart rate and your blood pressure. We will also monitor your oxygen level.

If your heart rate, blood pressure or oxygen levels fall outside the normal range, we may give medications to reverse the sedation. We may be unable to reverse the sedation. We may need to support your breathing. Even if you have a NO CODE status:

- You may need intubation to support your breathing.
- You may need medications to support your blood pressure.

We will re-evaluate your medical treatment plan and your NO CODE status when sedation has cleared your body.

Please tell your nurse if you are wearing dentures, partials, or any other dental appliance. You may be asked to remove these. If you choose to keep them in during your procedure, we cannot accept responsibility for any damage to these devices that may occur.

Risks Associated with Smoking:

Smoking is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks Associated with Obesity:

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks Specific to You:

Alternative Treatments:

Other choices:

- Observation by your physician.
- Medical treatment.
- Do nothing. You can decide not to have the procedure.

If You Choose Not to Have this Treatment:

- Your symptoms may get worse.

General Information:

During this procedure, the doctor may need to perform more or different procedures than I agreed to.

During the procedure, the doctor may need to do more tests or treatment.

Students, technical sales people and other staff may be present during the procedure. My doctor will supervise them.

Pictures and videos may be done during the procedure. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected.



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By signing this form, I agree:

- I have read this form or had it explained to me in words I can understand.
 - I understand its contents.
 - I have had time to speak with the doctor. My questions have been answered.
 - I want to have this procedure **Electrical Cardioversion with Moderate Sedation or Anesthesia** _____
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- I understand that my doctor may ask a partner to do the procedure.
 - I understand that other doctors, including medical residents or other staff may help with surgery. The tasks will be based on their skill level. My doctor will supervise them.

Provider: This patient may require a type and screen or type and cross prior to surgery. IF so, please obtain consent for blood/product.

Patient Signature: _____ Date: _____ Time: _____

Relationship: Patient Closest relative (relationship) _____ Guardian/POA Healthcare

Interpreter's Statement: I have interpreted the doctor's explanation of the consent form to the patient, a parent, closest relative or legal guardian.

Interpreter's Signature: _____ ID #: _____ Date: _____ Time: _____

For Provider Use ONLY:

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Provider signature: _____ Date: _____ Time: _____

Teach Back:

Patient shows understanding by stating in his or her own words:

- _____ Reason(s) for the treatment/procedure: _____
- _____ Area(s) of the body that will be affected: _____
- _____ Benefit(s) of the procedure: _____
- _____ Risk(s) of the procedure: _____
- _____ Alternative(s) to the procedure: _____

OR

_____ Patient elects not to proceed: _____ Date: _____ Time: _____
(Patient signature)

Validated/Witness: _____ Date: _____ Time: _____