



Affix Patient Label

Patient Name: _____

DOB: _____

Bronson Hospital Refusal to Follow Pre-procedure Sedation Guidelines

Date: _____ Time: _____

_____ is scheduled for _____
(patient name) (procedure)

with procedural sedation.

It is the practice of the Pediatric Department at Bronson Hospital to run a urine pregnancy test on all females of childbearing age (which begins after first menstrual cycle) prior to the use of medications used for sedation. This is a non-invasive test that helps us to provide the best care.

The care provider has explained the risks and effects of medications to a fetus. Sedation in pregnancy may cause:

- Breathing depression in the fetus
- Heart rate to drop in the fetus
- Decrease in blood flow to the fetus
- Fetal death

My questions have been answered.

I refuse to have the urine pregnancy test on my child.

Signature (Parent/Guardian) Date: _____ Time: _____

Witness Date: _____ Time: _____

I have explained to the parents and the minor the risks of sedation medications to a fetus.

Signature (Physician) Date: _____ Time: _____

Please scan into medical record