

1. I hereby permit and authorize _____ of Helen Ellis Memorial Hospital's Medical Staff and such other doctors or qualified persons such as are needed to perform any of the following procedure(s): Induction or augmentation of labor and electronic fetal monitoring. Spontaneous or instrument assisted vaginal delivery with possible episiotomy and repair as indicated. Possible cesarean section if indicated _____

2. My physician has discussed the following with me: the nature, potential benefits and likelihood of achieving the goals of the proposed care, treatment, services, medications, safety precautions, interventions, surgery or procedures; reasonable treatment alternatives; and the relevant risks; benefits and side effects related to each alternative including the possible results of not receiving care, treatment, and services, any limitations on my confidentiality, if indicated, potential problems related to the recuperation, risk, and side effects. The substantial risks, hazards, and potential complications include, but are not limited to: infections, excessive bleeding, inadvertent puncture, laceration, or other injuries or damage to organs, blood vessels, nerves, bones or other body systems and the possible need for additional procedures/surgery to repair such injuries. In addition, I completely understand the risks associated with this procedure(s) to be as follows: _____

3. I recognize that sometimes during surgical, diagnostic, or therapeutic procedures, it is discovered that additional procedures are needed immediately. I therefore authorize and request that the above named physician, assistants, or designees, perform such procedures as are judged necessary. These include, but are not limited to, procedures involving pathology, radiology, and administration of blood and/or blood products. I choose to Refuse Blood/Blood products.

4. I understand that Do Not Resuscitate orders are suspended during surgery and certain invasive diagnostic procedures. However, I understand that I have the right to choose and request otherwise. I choose Not to be Resuscitated.

5. I consent to the administration of anesthesia, moderate sedation, and/or analgesia to be applied under the direction and supervision of one of the medical staff of Helen Ellis Memorial Hospital, and to the use of such anesthetics, moderate sedation and/or analgesia as the physician may deem advisable, with the exception of: _____

The risks, benefits, and alternatives as stated above including the use of blood and blood products has been fully explained to me by the physician.

6. I hereby authorize the Helen Ellis Memorial Hospital pathologist to examine and dispose of tissue specimens in accordance with hospital policies.

7. Permission is hereby granted for a manufacturer's representative or a student to be present for technical assistance or educational purposes during my surgical, invasive diagnostic, or therapeutic procedure.

8. I have been given an opportunity to ask questions about my condition, alternative forms of treatment, the procedure(s) to be performed, and the risks and benefits involved. I acknowledge that no guarantee or assurance has, or, could have been made to me as to the results that may be obtained. I hereby voluntarily consent to the performance of the above named procedure(s).

Patient or Surrogate's* Signature Date/Time

Witness Signature Date/Time

Addressograph

*Patient is unable to consent because: _____
*Nature of surrogacy relationship _____

**Attestation of
Consent to Obstetrical Surgical/Diagnostic/
Therapeutic Procedure**

Helen Ellis Memorial Hospital
Tarpon Springs, Florida
Consent