

Patient Name _____
Adm. Date _____ Dr. _____
Date of Birth _____ Age _____ Sex _____
MR # _____ Visit # _____

CONSENT FOR VAGINAL DELIVERY OR CESAREAN SECTION

To the patient: You have the right, as a patient, to be informed about your condition and the recommended medical, surgical or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you. It is simply an effort to make you better informed so that you may give or withhold your consent to the procedure.

I (We) voluntarily request Dr. _____ as my physician, and such associates, technical assistants and other health care providers as they deem necessary, to treat my condition which has been explained to me as:

PREGNANCY

I (We) understand that the following medical, surgical, or diagnostic procedures are planned for me and I (we) voluntarily consent and authorize these PROCEDURES:

VAGINAL DELIVERY OR CESAREAN SECTION

I consent to the disposal by hospital authorities of any tissues, organs, or amputations which may be removed.

I (We) understand that my physician may discover other or different conditions which require different or additional procedures than those planned. I (We) authorize the physician and such associates, technical assistants and other health care providers to perform such other procedures which are advisable in their professional judgment.

Almost all invasive procedures carry some potential for blood loss. A blood loss during and/or after an invasive procedure may require a blood transfusion. A transfusion is a way to give you blood or blood products your body needs.

I have received written explanation regarding blood and blood products transfusion and have discussed with my physician the benefits and risks of having or not having a blood transfusion and the available alternatives.

Should my physician(s) caring for me determine that blood and or blood products are needed and order their administration during surgery or the peri-operative period, I agree to accept:

- Blood donated by volunteers,
- I agree to receive **ONLY** the blood I have banked (autologous blood)
- I wish to receive **ONLY** blood from my directed donors.
- I refuse the administration of blood and all blood products and understand that there is a risk that I may become seriously ill or die if I choose to not accept any type of blood donation.

I (We) understand that there are risks and hazards to transfusion, however unlikely, including, but not limited to, the following:

1. Allergic reactions, including hives and itching;
2. Fever, sometimes accompanied by chills;
3. Heart failure;
4. Infection by bacteria, parasites or viruses, including malaria, hepatitis and AIDS;
5. The possibility of blood incompatibility, which can result in severe complications, including kidney failure and, rarely, death.

I (We) have been given an opportunity to ask questions, and my physician has explained possible alternative forms of treatment, the risk of refusing transfusions, the procedures to be used, and the hazards involved.

I (We) understand that no warranty or guarantee has been given to me as to result.

Just as there are risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical and/or diagnostic procedures planned for me. I (We) realize that common to surgical, medical, or diagnostic procedures is the potential for infection, blood clots in veins or legs and lungs, hemorrhage, allergic reactions, nerve damage causing numbness and/or pain to lower extremities, and even death.



OB/GYN/NWBN CON

(continued on next page)

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CONSENT FOR VAGINAL DELIVERY OR CESAREAN SECTION

(CONTINUED)

I (We) also realize that the following risks and hazards may occur in connection with this particular procedure:

IF VAGINAL DELIVERY:

1. Injury to bladder and/or rectum, including a hole (fistula) between bladder and vagina and/or rectum and vagina.
2. Hemorrhage possibly requiring blood administration and/or hysterectomy and/or artery ligation to control.
3. Sterility.
4. Brain damage, injury or even death occurring to the fetus before or during labor and/or vaginal delivery whether or not the cause is known.
5. Risks of anesthesia.
6. Extension of incision or laceration of vagina, cervix, uterus or rectum.

IF CESAREAN SECTION:

1. Injury to bowel or bladder, including a hole (fistula) between bladder and vagina.
2. Injury to tube (ureter) between kidney and bladder.
3. Brain damage; injury or even death occurring to the fetus before or during labor and/or cesarean section whether or not the cause is known.
4. Uterine disease requiring hysterectomy.
5. Sterility.
6. Hemorrhage possibly requiring blood administration hysterectomy and/or artery ligation to control.
7. Risks of anesthesia.
8. Extension of incision or laceration of uterus, cervix, or vagina.

I (We) understand that anesthesia involves additional risks but I (we) request the use of anesthetics for the relief and protection from pain during the planned and additional procedures. I (we) realize the anesthesia may have to be changed without explanation to me (us).

I (we) understand that certain complications may result from the use of any anesthetic including respiratory problems, paralysis, drug reaction and even death. Other risks and hazards which may result from the use of general anesthetics range from minor discomfort to injury of vocal cords, teeth or eyes. I (we) understand that other risks or hazards resulting from spinal or epidural anesthetics include headaches and chronic pain.

I (we) have been given an opportunity to ask questions about my condition, alternative forms of anesthesia and treatment, risks of non-treatment, the procedures to be used, and the risks and hazards involved. This includes the understanding that all DNR (Do Not Resuscitate) orders or advanced directives are suspended while in the operating suite unless special circumstances are discussed prior to surgery on an individual case basis by the surgeon, anesthesiologist and patient or legal next of kin. I (we) believe that I (we) have sufficient information to give this informed consent.

In compliance with the Safe Medical Device Act of 1990, if a FDA designated medical device is implanted during surgery, I understand that my Social Security number and name will be released to the manufacturer.

I (we) certify that this form has been fully explained to me, that I (we) have read it or have had it read to me; that the blank spaces have been filled in, and that I (we) understand its contents.

I authorize the staff of Halifax Health to take still photographs, motion pictures, television transmissions and/or video-taped recordings, provided my identity is not revealed by the pictures or by descriptive text accompanying them.

I consent to the use of misoprostol/cytotec for the induction of labor as explained to me by the physician if applicable.

Signature of Patient or Authorized Healthcare Surrogate

Date

Time

Healthcare Surrogate Relationship to the Patient

Signature of Witness

Date

Time

ATTESTATION STATEMENT: The procedure/treatment, including the anticipated benefits, material risks, alternative therapies and the risks and benefits of alternative therapies, was explained to the patient and/or the patient's legal representative. The patient/legal representative was given the opportunity to have their questions answered and has agreed to proceed with the procedure.

Signature of Physician

Dictation #

Date

Time



OB/GYN/NWBN CON

CONSENT FOR OBSTETRICAL ANESTHESIA / ANALGESIA

There are several possible means of providing moderation or relief of pain during labor and delivery. These include regional and general anesthesia:

Regional Techniques

1. **Epidural Analgesia:** A plastic tube (catheter) is threaded through a needle inserted into your lower back. The needle is then removed leaving the catheter in place. By means of injection of local anesthetic and/or narcotic drug, complete or partial pain relief can be provided throughout labor and then extended to provide pain relief for the delivery itself. The epidural can also be used to provide anesthesia for cesarean delivery and post partum tubal ligation by injecting appropriate doses of more potent anesthetics. A certain degree of cooperation is required on your part in order to safely insert the catheter.
2. **Spinal Anesthesia:** This involves injecting a local anesthetic and/or narcotic drug directly into the spinal canal, which is the sack containing the spinal cord and spinal fluid. This may be used for labor pain, Cesarean delivery, or post-partum tubal ligation.
3. **Combined Spinal and Epidural Anesthesia (CSE):** This method involves injecting medication directly into the spinal canal and then placing an epidural catheter to provide long acting pain relief, allowing for quick onset of pain control with small amounts of local anesthetic. If you require a C-Section, the epidural can be used for that as well.
4. The advantages of regional techniques for vaginal delivery are as follows:
 - Pain relief (complete or partial) through both labor and delivery;
 - Allows you to be awake for the delivery of your baby and enables the immediate establishment of the maternal bond with the infant.
 - Minimal depressant effects on the progress of labor.
 - Minimal depressant effects on the baby.
5. It should be understood that medicine is not an exact science. Accordingly, your doctor cannot guarantee the effect that analgesia or anesthesia will have on the course of your labor and delivery. The following side effects and complications can occur.
 - A. Side Effects:
 1. Decrease in blood pressure.
 2. Transient decrease in frequency and intensity of contractions.
 3. Transient decrease in fetal heart rate.
 - B. Infrequent:
 1. Backache
 2. A small increase in the use of forceps/vacuum and Pitocin.
 - C. Rare
 1. High spinal anesthesia (anesthesia level is too high) requiring breathing assistance
 2. Shock or extreme fall in blood pressure and/or very slow heart rate.
 3. Injection into a vein with reaction to the local anesthetic.
 4. Headache from a "wet tap" – that is, a spinal tap which may require other treatments, including another epidural injection. Headache can also occur after spinal anesthesia.
 5. Allergic reactions to drugs used.
 6. Broken catheter which may require surgery for removal.
 - D. Extremely Rare:
 1. Nerve damage with numbness, tingling, or paralysis.
 2. Epidural hematoma – bleeding in the spinal canal; this may require emergency surgery to prevent or minimize nerve damage and paralysis.
 3. Infection in the spine.
 4. Death or disability.
6. Also, epidural analgesia does not guarantee total relief from all discomforts of labor and delivery. On occasion, areas of the body may remain sensitive to pain. On rare occasion, efforts to place an epidural may be unsuccessful. In the event of failure of the epidural, you may be offered an alternative form of analgesia, the type to be determined in consultation with you and your obstetrician.



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CONSENT FOR OBSTETRICAL ANESTHESIA / ANALGESIA

(CONTINUED)

General Anesthesia

This involves making you unconscious through the use of intravenous agents and anesthetic gases, including oxygen. Muscle relaxing drugs may be used when required. An endotracheal tube is used frequently. This is a tube inserted into the windpipe to provide an open airway. It is not possible to inform you of every agent to be used or dosage to be given because this is influenced by the reaction of the patient and the requirements of surgery. It is common to induce general anesthesia by injecting medication into a vein.

Side effects and complications can occur. While it is impossible to advise you of every conceivable complication, some possible examples are:

- Soreness of the throat and hoarseness are common occurrences.
- Aspiration (inhaling stomach contents into the lungs), asthma attacks, and pneumonia.
- Nerve injuries and possible weakness or paralysis.
- Allergic-type reactions leading to cardiac arrest and death.
- Nodules, polyps, or other damage to the vocal cords or windpipe.
- Blood transfusions may be required. If so, there is some risk of hepatitis, AIDS, or other infections or reactions.
- Rarely, there may be recall of events during the procedure. This is more common during anesthesia for cesarean section, heart and emergency surgery. Dreams during anesthesia may be confused with recall of real events.
- A breathing machine may be required after surgery, which could lead to damage to the windpipe.
- Medical complications involving damage to the eyes, heart, lungs, and circulatory system such as blindness, stroke, blood clots, abnormal heart rhythms, phlebitis, collapsed lung, and heart attack.

Teeth and dental prosthetics may become loose, broken, or dislodged, especially if loose or in poor repair regardless of the care provided by the anesthesia provider. By signing this consent you are acknowledging that neither your anesthesia providers, the entity employing/engaging the anesthesia providers, nor the Hospital will be liable for any dental damage or repairs.

If placement of a nasogastric or orogastric (stomach) tube is necessary, there is risk of nasal, oral or esophageal injury.

If special monitoring devices such as arterial lines, central venous pressure lines, or pulmonary artery catheters are required during your labor and delivery, these procedures are associated with specific risks:

- **Arterial line** (A catheter placed into an artery in the arm or leg used to monitor blood pressure): Decrease in blood flow to area supplied by artery, nerve damage, loss of function of the limb or portion of the limb served by the artery, and loss of the limb or portion of the limb.
- **Central venous and pulmonary artery catheterization** (an intravenous catheter placed into a large vein in the neck, chest, or arm used to give fluids and medications and to measure the amount of fluid in the body): Bleeding into the lungs, the pericardium (sac which surrounds the heart), and/or the chest cavity. Pericardial tamponade (compression of the heart due to accumulation of blood or fluid in the sac around the heart). Pneumothorax (lung collapse) or infection. Cardiac arrhythmias (irregularities of the heart rhythm) and/or shock (severe drop in blood pressure). Damage to blood vessels, nerves, lymph ducts, heart, trachea (windpipe), pharynx (throat), vocal cords, and/or lungs. Distal embolization (air bubbles or blood clots which circulate in bloodstream until becoming lodged in vein or artery). Unintended infusion of fluid into the chest cavity, lungs, and/or pericardium.

This explanation is given to you so that you are able to make a well-informed decision. It is not possible, and would probably be misleading, to list all conceivable complications of epidural, spinal, and general anesthesia; however, your doctor is available to answer any questions you may have. It should be understood that some complications such as backache and nerve damage may be related to the delivery itself and not to analgesia or anesthesia.



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CONSENT FOR OBSTETRICAL ANESTHESIA / ANALGESIA

(CONTINUED)

It is understood that the anesthesiologist will make every reasonable effort to provide you with analgesia for your labor, but will not be held responsible or liable for any circumstances which delay him or otherwise prevent him from providing such analgesia. Reasons for delay may include laboratory studies, fluid infusion, consultation with the obstetrician, or other emergencies.

It should be understood that circumstances can arise either because of emergencies or unforeseen conditions that will require the use of general anesthesia rather than spinal or epidural anesthesia. In the event that you require an urgent cesarean section, it is possible that there may not be enough time to make you sufficiently numb for surgery, thereby making general anesthesia necessary.

There are alternative methods of pain relief which are available to you. However, these alternative methods also have their own resulting complications and varying degrees of success. Even natural childbirth has its risks and complications.

I understand that the administration, maintenance, and termination of anesthesia are independent functions and will be supplied by, or under the direction and responsibility of, the anesthesia providers, which may include anesthesiologists, certified registered nurse anesthetists (CRNAs) and anesthesiologist assistants (AAs). I also understand that, from time to time, other healthcare professionals in training may be involved in my care and treatment.

I certify that I have read and fully understand the above. I give my consent to the administration of obstetrical analgesia/anesthesia. I understand that it is not always possible to determine the best method of pain relief or anesthesia in advance. I authorize the administration of other forms of analgesia or anesthetic in the event of the failure of the form that I consented to or in the event that emergencies or unforeseen conditions arise.

Signature of Patient (Parent/Guardian/Personal Representative)

Date / Time

Witness to Signature

Date / Time

Relationship to Patient

I certify that I have explained to the patient (parent/Authorized Representative) the anesthesia options and medically acceptable alternatives, the material or substantial risks and benefits (both short and long-term) and have allowed the patient (parent/Authorized Representative) to ask questions.

Anesthesia Provider Signature

Date / Time



OP/PROC DOC

ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION ON OUR POLICY REGARDING RESTRAINT USE

The staff and leadership of Halifax Health believe that the use of restraints should be limited to clinically appropriate and adequately justified situations. The use of the least restrictive intervention is preferred unless safety issues demand the immediate application of restraints. When physical restraint use is necessary to prevent injury or harm, the employees and medical staff will use the least restrictive method possible and at all times work to preserve the patient's safety and dignity while facilitating the discontinuation of the restraints at the earliest possible timeframe.

Do you want your family member notified if restraints are necessary? Yes No

Name of person to be notified: _____

Patient/Guardian/Surrogate: _____ Date: _____

Relationship: _____

CONSENT FOR COMMUNICATION OF HEALTH STATUS WHILE HOSPITALIZED

Upon their request for information, I would like to have the designated family member(s) and/or significant other(s) as named on the lines below, to receive information from my care providers regarding my condition, tests and treatment.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Patient/Guardian/Surrogate: _____

Relationship: _____

Date: _____ Time: _____

Professional Witness: _____

Date: _____ Time: _____

NOTE: To be signed during assessment process.



HALIFAX HEALTH MEDICAL CENTER OF DAYTONA: 303 N. Clyde Morris Blvd., Daytona Beach, FL 32114
HALIFAX HEALTH MEDICAL CENTER OF PORT ORANGE: 1041 Dunlawton Ave., Port Orange, FL 32127
HALIFAX HEALTH | UF HEALTH MEDICAL CENTER OF DELTONA:
3300 Halifax Crossings Blvd., Deltona, FL 32738
TWIN LAKES SURGERY CENTER: 1890 LPGA Blvd., Daytona Beach, FL 32117

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HALIFAX HEALTH – CENTER FOR WOMEN & INFANT HEALTH
NOTICE TO OBSTETRIC PATIENT

RECEIPT OF NOTICE TO OBSTETRIC PATIENT

I have been furnished information in the form of a Brochure prepared by the Florida Birth–Related Neurological Injury Compensation Association (NICA), pursuant to Section 766.316, Florida Statutes, by Halifax Health, wherein certain limited compensation is available in the event that certain types of qualifying neurological injuries may occur during labor, delivery or resuscitation in a hospital. For specifics on the program, I understand that I can contact the Florida Birth–Related Neurological Injury Compensation Association, Post Office Box 14567, Tallahassee, Florida, 32317–4567, 1–800–398–2129.

I specifically acknowledge that I have received a copy of the brochure prepared by NICA.

Signature of Patient

Printed Name of Patient

Date: _____ Time: _____

Attest:

(Nurse or Physician)

Date: _____ Time: _____



LGL INS FORM

Florida Birth-Related Neurological Injury Compensation Association **PEACE OF MIND FOR AN UNEXPECTED PROBLEM**

The birth of a baby is an exciting and happy time. You have every reason to expect that the birth will be normal and that both mother and child will go home healthy and happy.

Unfortunately, despite the skill and dedication of doctors and hospitals, complications during birth sometimes occur. Perhaps the worst complication is one which results in damage to the newborn's nervous system – called a "neurological injury." Such an injury may be catastrophic, physically, financially and emotionally.

In an effort to deal with this serious problem, the Florida Legislature, in 1988, passed a law which created a Plan that offers an alternative to lengthy malpractice litigation processes brought about when a child suffers a qualifying neurological injury at birth. The law created the Florida Birth-Related Neurological Injury Compensation Association (NICA).

EXCLUSIVE REMEDY:

The law provides that awards under the Plan are exclusive. This means that if an injury is covered by the Plan, the child and its family are not entitled to compensation through malpractice lawsuits.

CRITERIA AND COVERAGE:

Birth-related neurological injuries have been defined as an injury to the spinal cord or brain of a live-born infant weighing at least 2500 grams at birth. In the case of multiple gestation, the live birth weight is 2000 grams for each infant. The injury must have been caused by oxygen deprivation or mechanical injury, which occurred in the course of labor, delivery or resuscitation in the immediate post delivery period in a hospital. Only hospital births are covered.

The injury must have rendered the infant permanently and substantially mentally and physically impaired. The legislation does not apply to genetic or congenital abnormalities. Only injuries to infants delivered by participating physicians, as defined in s. 766.302(7), Florida Statutes, are covered by the Plan.

COMPENSATION:

Compensation may be provided for the following:

- Actual expenses for necessary and reasonable care, services, drugs, equipment, facilities and travel, excluding expenses that can be compensated by state or federal government or by private insurers.
- In addition, an award, not to exceed \$100,000 to the infant's parents or guardians.
- Death benefit in the amount of \$10,000.
- Reasonable expenses for filing the claim, including attorney's fees.

NICA is one of only two (2) such programs in the nation, and is devoted to managing a fund that provides compensation to parents whose child may suffer a qualifying birth-related neurological injury. The Plan takes the "No-Fault" approach for all parties involved. This means that no costly litigation is required and the parents of a child qualifying under the law who file a claim with the Division of Administrative Hearings may have all actual expenses for medical and hospital care paid by the Plan.

You are eligible for this protection if your doctor is a participating physician in the NICA Plan. If your doctor is a participating physician, that means that your doctor has purchased this benefit for you in the event that your child should suffer a birth-related neurological injury, which qualifies under the law. If your health care provider has provided you with a copy of this informational sheet, your health care provider is placing you on notice that one or more physician(s) at your health care provider participates in the NICA Plan.

If you would like more information or would like to receive a copy of Section 766.301–766.316, Florida Statutes, which detail the provisions of the NICA Plan, please call or write: Florida Birth-Related Neurological Injury Compensation Association, P.O. Box 14567, Tallahassee, FL 32317–4567; Telephone (850) 488–8191; Toll-Free (800) 398–2129; www.nica.com

Section 766.301–766.316, Florida Statutes, ("NICA law") provides rights and remedies for certain birth-related neurological injuries and is an exclusive remedy. This brochure is prepared in accordance with the mandate of Section 766.316, Florida Statutes. A copy of the complete statute is available free of charge to completely inform patients of their rights and limitations under the application provisions of Florida law. Since 1989, numerous court cases have interpreted the NICA law, clarifying legislative intent.