

PLANNED PARENTHOOD GOLDEN GATE

**EASTMONT, HAYWARD, MACARTHUR, REDWOOD CITY, ROHNERT PARK,
SAN FRANCISCO, SAN MATEO & SAN RAFAEL**

To get information or to make an appointment at any of the above health centers please call:

1-800-967-PLAN (7526)

Client Information for Informed Consent:

IV SEDATION

IV (intravenous) sedation is medication that is injected directly into your vein. You will not fall asleep although you will feel more relaxed. These drugs can lessen anxiety or pain and keep you from remembering parts (or anything) of the procedure later on.

Possible side effects

Although these drugs are generally safe, there are possible problems or complications that can occur. The major reactions that can happen include, but are not necessarily limited to: allergic reactions; damage to or failure of the heart, lungs, liver, kidneys, and/or brain; phlebitis (infection of the vein); death.

Precautions

You will be advised by a staff member about your food and drink intake prior to IV sedation. It is important to follow these instructions.

IV sedation can become deep sedation and/or loss of consciousness due to the particular drugs or sedatives given, as well as your own physical condition and your own use of, or sensitivities to, drugs or sedatives.

Tell us if you have:

1. Breathing problems due to:
 - Asthma;
 - Chronic bronchitis;
 - Emphysema;
 - Other conditions.
2. Heart problems;
3. Used prescription medicines that can cause sleepiness;
4. Any allergies to drugs;
5. Taken any street drugs or alcohol in the last 24 hours.

If, on the day of the procedure, you are found to be at increased risk of complications, you will not be able to receive IV sedation.

After the Procedure

The effects of these medicines can last for several hours. Therefore, you should not drive, operate heavy machinery or make important decisions for 24 hours after the procedure. **YOU MUST HAVE SOMEONE DRIVE YOU HOME FROM THE CLINIC.**

I have been offered a copy of this form.

Signature of Client _____ Date _____

I witness the fact that the client received the above mentioned information and that she read and understood the information and had the opportunity to ask questions.

Signature of Witness _____ Date _____