Sedation Guidelines and Acknowledgements

Printed Name: _____Date:_____

_____I have notified Innovative Injury Solutions that I am taking a blood thinner or antibiotic (please circle which one). Blood Thinner Antibiotic Both Neither

_____I understand that if I am taking a blood thinner it will need to be stopped for a period prior to my procedure, and that my prescribing physician (NOT IIS) will notify me with instructions to safely do so.

_____I understand that if I begin taking an antibiotic, or showing signs/symptoms of an active infection, I cannot undergo a procedure for **10 days AFTER** the course of antibiotics are complete and I am symptom free.

_____I understand that the procedure may be canceled, the day of the procedure, if I am currently taking a blood thinner, antibiotic, and/or have not stopped either medication for the appropriate amount of time.

_____**If I am having sedation, I understand that I cannot eat or drink for 6 hours prior to the procedure.** It is OK to take all necessary medications with a sip of water only the day of the procedure.

_____I understand that if I choose to receive twilight sedation, I must have a responsible adult (over the age of 18), accompany me to my procedure, stay during my procedure, and assume my care upon discharge.

***Taxi cabs or Uber/Lyft are not permitted, unless you are accompanied by another adult. ***

_____I acknowledge the above and would like to have sedation for my procedure. ☐ Yes ☐ No

All information on this page has been reviewed with me and I take full responsibility for all acknowledgements and am aware of the location of my procedure. Failure to follow these instructions may result in the cancellation of my procedure at the discretion of Innovative Injury Solutions.

Procedure(s) # 1: _____ #2:_____

#3:_____#4:_____

Signature: _____ Date: _____

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