

## INFORMED CONSENT FOR PERIPHERAL INJECTION

The injection involves placing a small needle in or around the painful area to instill a numbing medication and/or anti-inflammatory medication (steroid) or other type of solution.

The nature and purpose of this procedure has been explained. I do understand that this is considered an elective procedure.

**Possible side effects associated with this procedure include:**

1. Reactions to medication including minor or major allergic reaction.
2. Vasovagal reactions (fainting) could occur during or after the procedure with possible heart and blood pressure problems.
3. Increased pain temporarily.
4. Bleeding and bruising.
5. Infection either around the injection site or deep in a body cavity, bone, joint or spine is also a potential risk.
6. If steroid is being used, rare side effects may include but are not limited to:
  - a. Thinning of the bones,
  - b. Skin discoloration,
  - c. Joint damage including disruption of joint blood supply,
  - d. Elevation of blood sugar levels,
  - e. Facial flushing,
  - f. Congestive heart failure.
7. Other extremely rare complications might include:
  - a. Temporary or permanent nerve impairment,
  - b. Seizures,
  - c. Stroke,
  - d. Paralysis,
  - e. Collapsed lung,
  - f. Bowel/bladder/sexual dysfunction and death.

Name of Procedure: \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Time out process performed prior to procedure \_\_\_\_\_  
Procedure room Tech/MA Signature