



CEDARS-SINAI®

REFUSAL OF RECOMMENDATIONS FOR POST SEDATION CARE

PATIENT I.D.

I, _____, am a patient of Cedars-Sinai. Today I am being discharged after a procedure or surgery which required anesthesia or sedation. I was advised prior to this service that I would need to arrange for a responsible adult to take me home on discharge. I did not disclose to Cedars-Sinai prior to the service that I had not arranged for a responsible adult to assist me on discharge.

My care team advised against discharge without a responsible adult. They explained that an adult driver for a taxi-service or other service such as Uber or Lyft did not meet the criteria of an individual previously known to me who would be attentive to my post-service condition.

Further, my care team has informed me of the following:

- The purpose of the responsible adult is to ensure my safety.
- I can only be released when cleared by an Anesthesiologist as stable for discharge.
- I will not be allowed to drive myself and **I understand I may not drive for 24 hours following sedation/anesthesia.**
- I understand that patients can be unstable in the hours following sedation or anesthesia after undergoing a procedure and if I leave with no responsible adult, I risk serious complications from surgery including bleeding, anesthesia reactions, or other such complications. I understand these complications could lead to serious disability or death.

Notwithstanding the recommendation of the care team, I hereby request that I be discharged without a responsible adult to accompany me home. I understand that refusing to have a responsible adult accompany me home puts me at risk of having no one available to assist me if I develop a complication of my procedure.

I am willing to assume any risk of bodily injury to me or unfavorable consequences, including severe disability or death. On behalf of myself and my heirs and assigns, I expressly release Cedars-Sinai Medical Center, its employees, the physicians who cared for me, and all related parties from any responsibility whatsoever for any injury or unfavorable consequences which may occur as a result of my refusal to have a responsible adult accompany me.

NAME OF PATIENT (please print)	SIGNATURE OF PATIENT	DATE	TIME
FAMILY MEMBER OR AGENT IF PATIENT UNABLE TO SIGN	RELATIONSHIP	DATE	TIME
WITNESS		DATE	TIME