

Pediatric Specialists of Virginia Ambulatory Surgery Center

AMBULATORY SURGERY CENTER PATIENT CONSENT TO RESUSCITATIVE MEASURES

NOT A REVOCATION OF ADVANCE DIRECTIVE OR MEDICAL POWER OF ATTORNEY

All patients have the right to participate in their own health care decisions and to make advance directives or educate powers of attorney that authorize others to make decision or are unable to communicate decisions. Pediatric Specialists of Virginia respects and upholds those rights.

However, unlike in an acute hospital setting, PSV Surgery Center does not routinely perform “high risk” procedures. Most procedures performed in this facility are considered to be of minimal risk. Of course, no surgery is without risk. You will discuss the specifics of your procedures with your physician who can answer your questions as to its risks, your expected recovery and care after your surgery.

Therefore, it is our policy regardless of the contents of any advance directive or instructions from a health care surrogate or attorney, in fact, that if an adverse event occurs during you or your child’s treatment at this facility we will initiate resuscitative or other stabilizing measures and transfer the patient to an acute care hospital for further evaluation. At the acute hospital further treatment or withdrawal of treatment measures which have already begun will be ordered in accordance with your wishes, advance directive, or health care power of attorney. Your agreement with this policy with your signature below does not revoke or invalidate any current health care directive or health care power of attorney.

If you do not agree to this policy, we are pleased to assist you in rescheduling the procedure at another facility.

Have you executed an advanced health care directive for the patient?

- Yes, the patient has an advance directive, living will, or health care power of attorney.
- No, the patient does not have an advance directive, living will or health care power of attorney.

By signing this document, I acknowledge that I have read and understood its contents and agree to the policy described.

Patient or Guardian Signature

Date