

## **INFORMED CONSENT FOR IV HYDRATION THERAPY**

*Since the early 1960s, the Food and Drug Administration (FDA) has required drugs used in the United States to be both safe and effective. The label information on the container, in the package insert, in the Physician's Desk Reference (PDR) and in any advertising can indicate a drug's use only in certain "approved" doses and routes of administration for a particular condition. The use of a drug for a disease not listed on the label, or in a dose, or by a route not listed on the label is considered to be an "off-label" use of the drug. Physicians, based on their knowledge and on available current information, may use a drug for a use not indicated in the "approved" labeling if it seems reasonable or appropriate.*

### **1. PROCEDURE - IV HYDRATION THERAPY**

An intravenous line (IV) will be started in an extremity so you can receive IV Hydration Therapy. Your blood pressure, heart rate, and oxygen saturation will all be monitored prior to the infusion under the supervision of a physician.

### **2. RISKS/SIDE EFFECTS**

Risks of intravenous therapy include:

- Discomfort, bruising and pain at the site of injection.
- Inflammation of the vein used for injection, phlebitis, or thrombophlebitis.
- Severe allergic reaction, anaphylaxis, cardiac arrest, and death.

### **3. BENEFITS**

Benefits of intravenous therapy include:

- Injectables are not affected by stomach or intestinal disease.
- The total amount of infusion is available to the tissues.
- Nutrients are forced into the cells by means of a high concentration gradient.
- Higher doses of nutrients can be given than possible by mouth without intestinal irritation.

### **4. ALTERNATIVES**

Alternatives to intravenous therapy are oral supplementation and/or dietary and lifestyle changes.

### **5. RISK MANAGEMENT**

You must report any unusual symptoms or side effects at once to the medical staff.

### **6. VOLUNTARY NATURE OF THE TREATMENT**

You are free to choose to receive or not receive IV Hydration Therapy. Please tell the doctor if you do not wish to receive the infusion.

## **7. WITHDRAWAL OF TREATMENT**

Your doctor has the right to stop the infusion at any time. They can stop the infusion with or without your consent for any reason.

## **8. PATIENT CONSENT**

I confirm that I have read this form and fully understand its contents. I acknowledge that no guarantees or assurances have been made to me concerning the results intended from the IV Hydration Therapy sessions and programs offered by Wes J Irwin, MD, MD, Inc (dba Tahoe Ketamine - Wellness & Infusion Center). I understand the nature of the IV Hydration Therapy sessions and programs and that participating in them carries risks. I have been given an opportunity to ask questions, and all of my questions have been answered fully and to my satisfaction. I agree with my assumption of all risks associated with my participation.

By my signature below, I understand, acknowledge, and agree to the above risks, benefits, alternatives and have had all questions answered to my satisfaction as provided to me by Wes J Irwin, MD, MS, Inc (dba Tahoe Ketamine - Wellness & Infusion Center).