Consent for the Pain Management Procedures During the COVID-19 Pandemic

Facility OBS/ASC/Hospital: _________________________________________________________________

Patient’s name: ______________________________________ Date _______________________________

The novel coronavirus SARS-nCoV-2 has caused a global COVID-19 pandemic. Its clinical presentation varies from asymptomatic or mildly symptomatic, to life-threatening cardiopulmonary complications and death. Unfortunately, there is no effective treatment and a vaccine is not yet available. Currently, there is not enough evidence to conclusively determine whether pain management procedures have any positive or negative impact on the possibility of contracting the virus and/or development of any sequelae. Steroids are frequently used for pain injections. In high doses, steroids may have a negative effect on immunity, however, the therapeutic dose used for injections is generally low. Since COVID-19 is a new disease and there is no conclusive evidence to suggest that injected steroids have any positive or negative effect on the COVID-19 disease, we will limit our steroid dose to the lowest effective therapeutic dose or in some cases steroids will not be injected at all. If your COVID-19 status is unknown, we cannot specifically comment on potential complications that may occur.

To reduce the risks associated with the COVID-19 infection, we are implementing safety precautions and following protocols consistent with the CDC (Centers for Disease Control and Prevention) and state recommendations. All patients and staff will be checked for fever or signs of illness upon entry to the facility. The risks, benefits, alternatives, and decision to proceed with the procedure will be made together with you, the patient. However, we cannot guarantee that you will not become infected during your treatment at our practice.

By signing this written consent, you acknowledge that you have been informed about the potential risks to your health related to COVID-19 while undergoing treatments for your pain during this pandemic.

Patient’s signature: ______________________________________________________________________

Witness name: _____________________________ Witness signature: _______________________________

Physician name: _________________________ Physician signature: _______________________________