



### **Informed Consent for Intravenous (IV) Therapy**

This document is intended to serve as a confirmation of informed consent for IV therapy as ordered by A Nu You.

(Initials)\_\_\_\_\_ I have informed the nurse of any known allergies to drugs or other substances that may be included in the ingredients of my solutions, or of any past reactions to anesthetics.

(Initials)\_\_\_\_\_ I have informed the nurse of all current medications and supplements.

I understand that I have the right to be informed during the procedure, and the risks and benefits. Except in emergencies, procedures are not performed until I have had an opportunity to receive such information and to give my informed consent.

The IV intravenous procedure involves inserting a needle into your vein and infusing over a determined period of time, prescribed nutrients (vitamins, minerals, amino acids).

I understand that risks, benefits and alternatives to IVs may include but are not limited to:

1. The Risks and potential side effects
  - Discomfort, bruising, and pain at the site of injection.
  - Inflammation of vein used for injection, phlebitis, metabolic disturbances, and injury.
  - Severe reaction, anaphylaxis, cardiac arrest, or death.
2. The Benefits
  - Injectables are not affected by stomach or intestinal disease.
  - Total amount of infusion enters the bloodstream and is available to the tissues
  - Higher doses of nutrients can be given by vein than by mouth without intestinal irritation that can accompany doses given by mouth.
3. Alternatives to intravenous vitamin therapy are oral supplementation and/or dietary and lifestyle changes.

I am aware that other unforeseeable complications could occur. I do not except the nurse to exercise judgement during the course of treatment with regards to my procedure.

I understand the risks and benefits of the procedure and have had the opportunity to have all of my questions answered.

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**Printed Patient Name**

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**Date**

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**Signature of Patient**