



**Queensland  
Government**

# Hyperbaric Oxygen Therapy (HBOT) Consent

Adult (18 years and over)

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

### A. Does the patient have capacity?

- Yes → **GO TO section B**  
 No → **COMPLETE section A**

You must adhere to the Advance Health Directive (AHD), or if there is no AHD, the consent obtained from a substitute decision-maker in the following order: Category 1. Tribunal-appointed guardian; 2. Enduring Power of Attorney; or 3. Statutory Health Attorney.

Name of substitute decision-maker:

Category of substitute decision-maker:

### B. Is an interpreter required?

If yes, the interpreter has:

- provided a sight translation of the informed consent form in person  
 translated the informed consent form over the telephone

Name of interpreter:

Interpreter code:

Language:

### C. Patient/substitute decision-maker requests the following procedure(s)

Hyperbaric oxygen therapy (HBOT)

### D. Risks specific to the patient in having hyperbaric oxygen therapy (HBOT)

(Doctor/clinician to document additional risks not included in the patient information sheet):

### E. Risks specific to the patient in *not* having hyperbaric oxygen therapy (HBOT)

(Doctor/clinician to document specific risks in not having hyperbaric oxygen therapy [HBOT]):

### F. Alternative treatment options

(Doctor/clinician to document alternative treatment not included in the patient information sheet):

### G. Information for the doctor/clinician

The information in this consent form is not intended to be a substitute for direct communication between the doctor/clinician and the patient/substitute decision-maker.

I have explained to the patient/substitute decision-maker the contents of this form and am of the opinion that the information has been understood.

Name of doctor/clinician:

Designation:

Signature:

Date:

DO NOT WRITE IN THIS BINDING MARGIN





Queensland Government

# Hyperbaric Oxygen Therapy (HBOT) Consent

Adult (18 years and over)

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

## H. Patient/substitute decision-maker consent

I acknowledge that the doctor/clinician has explained:

- the "Hyperbaric oxygen therapy (HBOT)" patient information sheet
- the medical condition and proposed treatment, including the possibility of additional treatment
- the specific risks and benefits of the procedure
- the prognosis, and risks of not having the procedure
- alternative treatment options
- that there is no guarantee the procedure will improve the medical condition
- that if a life-threatening event occurs during the procedure, I will be treated based on documented discussions (e.g. AHD or ARP [Acute Resuscitation Plan])
- that a doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure/ treatment/investigation/examination; this may include a doctor/clinician undergoing further training under supervision
- that if the doctor/clinician wishes to record video, audio or images during the procedure where the recording is not required as part of the treatment (e.g. for training or research purposes), I will be asked to sign a separate consent form. If I choose not to consent, it will not adversely affect my access, outcome or rights to medical treatment in any way.

I was able to ask questions and raise concerns with the doctor/clinician.

I understand I have the right to change my mind regarding consent at any time, including after signing this form (*this should be in consultation with the doctor/clinician*).

**I/substitute decision-maker have received the following consent and patient information sheet(s):**

"Hyperbaric oxygen therapy (HBOT)"

On the basis of the above statements,

**I/substitute decision-maker consent to having hyperbaric oxygen therapy (HBOT).**

Name of patient/substitute decision-maker:

Signature:

Date:

© The State of Queensland (Queensland Health) 2021  
Except as permitted under the Copyright Act 1968, no part of this work may be reproduced or adapted without permission from Queensland Health  
To request permission email: ip\_office@health.qld.gov.au

DO NOT WRITE IN THIS BINDING MARGIN

# Hyperbaric oxygen therapy (HBOT)

Adult (18 years and over) | Informed consent: patient information

A copy of this form should be given to the patient/substitute decision-maker to read carefully and allow time to ask any questions about the procedure. The consent form and patient information sheet should be included in the patient's medical record.



## 1. What is hyperbaric oxygen therapy (HBOT) and how will it help me/the patient?

Hyperbaric oxygen therapy (HBOT) is a treatment where patients breathe 100% oxygen at a pressure higher than sea level pressure while inside a treatment chamber. It is used to treat many conditions, for example: serious soft tissue infections, chronic wounds and decompression illness.

This therapy provides an increased amount of oxygen to be dissolved in the blood and, subsequently, the rest of the body. This extra blood/oxygen flow assists in tissue growth for healing. Oxygen is delivered either via a hood or mask.

This therapy is conducted to the highest safety standard under direct supervision of qualified staff.

This procedure does not require an anaesthetic.



Hyperbaric oxygen treatment using a hood and mask.  
Hyperbaric Medicine Unit Townsville 2021.

## Preparing for the procedure

Please tell the staff if you are pregnant or suspect you might be pregnant. The effects of hyperbaric oxygen on the unborn baby are not well documented and will need to be discussed with you in more detail.



## 2. What are the risks?

There are risks and potential complications with this procedure. There may also be risks specific to a person's individual condition and circumstances. Please discuss these with the doctor/clinician and ensure they are written on the consent form before you sign it. Risks include but are not limited to the following:

### Common risks and complications

- ear pain and damage to the ear drum, caused by difficulty in equalising the ears while pressurising. The staff will assist you with equalising techniques and the use of devices to assist with this process. Sometimes grommets may need to be inserted in your ear(s) by an ENT surgeon to allow painless equalisation. The risks associated with the insertion of grommets should be discussed with the ENT surgeon
- visual disturbances - these are usually temporary but may be permanent, requiring assessment by an optometrist and potentially affecting your ability to drive.

### Uncommon risks and complications

- sinus pain and/or tooth pain because of pressure change
- existing cataracts in the eye(s) may be made worse. This may result in the need for a cataract extraction.

### Rare risks and complications

- lung damage because of high oxygen concentration. The effects are in most cases temporary and may require a short break from the treatment
- lung damage because of pressure change. This is serious, but usually a temporary, side effect which will be managed by the hyperbaric doctor. It may require some treatment and possible admission to hospital
- some patients with epilepsy may require extra medication to reduce the risk of seizures. This is usually only required during the course of the treatment
- oxygen toxicity. Symptoms include facial twitching, nausea, ringing in ears (tinnitus), visual disturbances, fits or signs of irritability. This may, in most cases, be readily fixed by removing the oxygen mask for a few minutes
- hearing loss, dizziness, tinnitus and balance problems. If any of these occur you may require some treatment and possible hospitalisation. Sometimes these can be permanent
- increased pressure and oxygen in a hyperbaric chamber increase the risk of potential fires. Safety information provided by the staff of this unit must be carefully followed to prevent hyperbaric related fires
- death as a result of this treatment is extremely rare.

### What are the risks of not having hyperbaric oxygen therapy (HBOT)?

There may be health consequences if you choose not to have the proposed treatment. Please discuss these with the doctor/clinician.

If you choose not to have the procedure, you will not be required to sign a consent form.

If you have signed a consent form, you have the right to change your mind at any time. Please contact the doctor/clinician to discuss.



### 3. Are there alternatives?

There are no known alternative treatment options.



### 4. What should I expect after the procedure?

Your healthcare team will talk to you about what to expect after your procedure and upon discharge from hospital.



### 5. Who will be performing the procedure?

A doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate treatment. This could be a doctor/clinician undergoing further training, all trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/clinician will be performing the treatment, please discuss with the doctor/clinician.



### 6. Where can I find support or more information?

Hospital care: before, during and after is available on the Queensland Health website [www.qld.gov.au/health/services/hospital-care/before-after](http://www.qld.gov.au/health/services/hospital-care/before-after) where you can read about your healthcare rights.

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss with your doctor/clinician.

Queensland Health recognises that Aboriginal and Torres Strait Islander patients will experience the best clinical care when their culture is included during shared decision-making.

## 7. Questions

Please ask the doctor/clinician if you do not understand any aspect of this patient information sheet or if you have any questions about your/the patient's medical condition, treatment options and proposed procedure/treatment/investigation/examination.

## 8. Contact us

**In an emergency, call Triple Zero (000).**

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.