



SW9438



Histamine Challenge Test

Facility: _____

(Affix identification label here)

URN: _____

Family name: _____

Given name(s): _____

Address: _____

Date of birth: _____

Sex: M F I

A. Interpreter / cultural needs

An Interpreter Service is required? Yes No

If Yes, is a qualified Interpreter present? Yes No

A Cultural Support Person is required? Yes No

If Yes, is a Cultural Support Person present? Yes No

B. Condition and treatment

The doctor has explained that you have the following condition: *(Doctor to document in patient's own words)*

C. The histamine challenge test

- Histamine is a chemical found in the body which can cause narrowing of the airways. People who have asthma are known to be especially sensitive to this action.
- By measuring the maximum airflow using an electronic spirometer, we can estimate how narrow the airways have become in response to various doses of Histamine. We can use this information to decide whether it is likely someone actually has asthma, and how severe it is.
- During this test, you will be required to breathe in some fluid containing Histamine which may cause your airways to narrow. You may then experience some chest discomfort, wheeze or become breathless.
- If you do develop chest tightness during the test, you will be given Ventolin to counteract the effects of the Histamine and relieve the symptoms.
- People with unstable or severe asthma should not have this test, as it may cause a worsening of their asthma temporarily.
- Histamine is not licensed as a drug in Australia, although it is in several other countries, and has been used for this sort of testing for at least 10 years. Recently the Federal Government made an order that patients who were undergoing this sort of testing should be informed that the drug is not a licensed drug, and that the patient has to accept the risk of it's use themselves.

D. Patient consent

I acknowledge that the doctor has explained;

- my medical condition and the proposed investigation, I understand the risks, including the risks that are specific to me.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- I was able to ask questions and raise concerns with the doctor about my condition, the proposed investigation and its risks, and my treatment options.

My questions and concerns have been discussed and answered to my satisfaction.

- I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.

On the basis of the above statements,

I request to have the procedure

Name of Patient: _____

Signature: _____

Date: _____

Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

Yes ▶ Location of the original or certified copy of the AHD: _____

No ▶ Name of Substitute Decision Maker/s: _____

Signature: _____

Relationship to patient: _____

Date: _____ PH No: _____

Source of decision making authority (tick one):

- Tribunal-appointed Guardian
- Attorney/s for health matters under Enduring Power of Attorney or AHD
- Statutory Health Attorney
- If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

E. Doctor/delegate Statement

I have explained to the patient all the above points under the Patient Consent section (D) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate: _____

Designation: _____

Signature: _____ Date: _____

F. Interpreter's statement

I have given a sight translation in _____
(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter: _____

Signature: _____ Date: _____