



Queensland Government

# Myocardial Perfusion Scan Consent

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 to provide consent?

### Complete for ADULT patient only

- 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:

### Complete for CHILD/YOUNG PERSON patient only

- Yes Although the patient is a child/young person, the patient may be capable of giving informed consent and having sufficient maturity, understanding and intelligence to enable them to fully understand the nature, consequences and risks of the proposed procedure and the consequences of non-treatment – ‘Gillick competence’ (*Gillick v West Norfolk and Wisbech Area Health Authority* [1986] AC 112)  
 → **GO TO section B**
- No Parent/legal guardian/other person\* with parental rights and responsibilities to provide consent and complete this form  
 → **COMPLETE section A**

\*Formal arrangements, such as parenting/custody orders, adoption, or other formally recognised carer/guardianship arrangements. Refer to the Queensland Health ‘Guide to Informed Decision-making in Health Care’ and local policy and procedures. Complete the source of decision-making authority as applicable below.

If applicable, source of decision-making authority (*tick one*):

- Court order →  Court order verified  
 Legal guardian →  Documentation verified  
 Other person →  Documentation verified

Name of parent/legal guardian/other person:

Relationship to child/young person:

## B. Is an interpreter required?

- Yes  No

If yes, the interpreter has:

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

*It is acknowledged that a verbal translation is usually a summary of the text on the form, rather than word-by-word translation.*

Name of interpreter:

Interpreter code:

Language:



## C. Patient OR substitute decision-maker OR parent/legal guardian/other person confirms the following procedure(s)

I confirm that the referring doctor/clinician has explained that I have been referred for the following procedure:

Myocardial perfusion scan:  Yes  No

With the use of medication:

Adenosine:  Yes  No

Dobutamine:  Yes  No

Dipyridamole:  Yes  No

Name of referring doctor/clinician:

## D. Risks specific to the patient in having a myocardial perfusion scan

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

## Pregnancy/breastfeeding questions for the patient

If you are pregnant, this procedure would generally not be performed unless the benefits outweigh the risks of having the procedure.

1. a) Are you pregnant?  Yes → **GO TO Q2**  
 No → **GO TO Q2**  
 Possibly → **GO TO Q1b**

b) If required before the scan, do you agree to have a:

Urine pregnancy test:  Yes  No

Blood pregnancy test:  Yes  No

If you might be pregnant, further discussion with a doctor/clinician will be provided to assist you in making an informed decision on continuing with the procedure.

2. Are you breastfeeding?  Yes  No

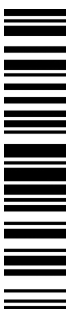
The doctor/clinician will review these answers and, if required, obtain further advice from a doctor or another clinician regarding your pregnancy and/or breastfeeding status prior to the scan.

## E. Risks specific to the patient in not having a myocardial perfusion scan

(Doctor/clinician to document specific risks in not having a myocardial perfusion scan):

DO NOT WRITE IN THIS BINDING MARGIN

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SW9600

MYOCARDIAL PERFUSION SCAN CONSENT



# Myocardial Perfusion Scan Consent

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

## F. Alternative procedure options

(Doctor/clinician to document alternative procedure 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 OR substitute decision-maker OR parent/legal guardian/other person.

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

Name of doctor/clinician:

Designation:

Signature:

Date:

## H. Patient OR substitute decision-maker OR parent/legal guardian/other person consent

I acknowledge that the doctor/clinician has explained:

- the 'Myocardial Perfusion Scan' 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 procedure options
- that there is no guarantee the procedure will improve the medical condition
- that if a life-threatening event occurs during the procedure:
  - an adult patient will be treated based on documented discussions (e.g. AHD or ARP [Acute Resuscitation Plan])
  - a child/young person's health care will be provided in accordance with good clinical practice and in the best interests of the patient
- that a doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure; 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/parent/legal guardian/other person have received the following consent and patient information sheet(s):**

'Myocardial Perfusion Scan'

On the basis of the above statements,

**1) I/substitute decision-maker/parent/legal guardian/other person consent to having a myocardial perfusion scan.**

Name of patient/substitute decision-maker/parent/legal guardian/other person:

Signature:

Date:

If the patient is a child/young person:

I am not aware of any legal or other reason that prevents me from providing unrestricted consent for this child/young person for this procedure (*not applicable if the child/young person is Gillick competent and signs this form*).

**2) Student examination/procedure for professional training purposes:**

For the purpose of undertaking training, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to patient OR substitute decision-maker OR parent/legal guardian/other person consent, assist with/conduct an examination or procedure on a patient while the patient is under anaesthetic.

I/substitute decision-maker/parent/legal guardian/other person consent to a clinical student(s) undergoing training to:

- observe examination(s)/procedure(s)  Yes  No
- assist with examination(s)/procedure(s)  Yes  No
- conduct examination(s)/procedure(s)  Yes  No

# Myocardial Perfusion Scan

Adult and Child/Young Person | Informed consent: patient information

**A copy of this patient information sheet should be given to the patient or substitute decision-maker or parent/legal guardian/other person of a child or young person 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.**

*In this information sheet, the word 'you' means the patient unless a substitute decision-maker, parent, legal guardian or other person is providing consent on behalf of the patient, in which case the word 'you' means the substitute decision-maker, parent, legal guardian or other person when used in the context of the person providing consent to the procedure.*



## 1. What is a myocardial perfusion scan and how will it help me?

A myocardial perfusion scan is a nuclear medicine procedure that is used to look for major blockages to the blood supply of the heart, commonly known as coronary artery disease. This procedure has several steps. The order of these steps can change. This usually depends on your condition and what needs to be investigated.



Image: Gamma camera.  
ID: 114784351. [www.shutterstock.com](http://www.shutterstock.com)

Nuclear Medicine uses a small amount of a radioactive substance, also called a radioactive tracer, that is detected by the gamma camera (scanner) to create images. Nuclear medicine scans show how a part of your body is functioning at a cellular level.

The gamma camera will take images during the procedure (which can take between 4–6 hours) and you may be asked to return another day for more images.

The following are the steps of the test:

1. **Rest scan** – Images are taken by the gamma camera of your heart when you have been resting. This will provide a baseline.
2. **Stress test** – This part of the test is when your heart will be 'stressed'. This may be done with exercise (on a treadmill or stationary bicycle) or by using medication (Adenosine, Dipyridamole, Dobutamine) which increases blood flow to the heart muscle.
3. **Stress scan** – A gamma camera takes pictures of your heart after it has been 'stressed'.
4. **Redistribution scan** – This scan is taken later to assess your heart after a period of time. It is performed another day in some specific situations.

## Preparing for the procedure

The Nuclear Medicine department will give you instructions on how to prepare for the procedure. Please read and follow these instructions carefully. The instructions will include fasting requirements and caffeine restrictions.

Please tell the doctor/clinician if you:

- Are breastfeeding or pregnant or suspect that you may be pregnant. If required, a blood test may be required to confirm pregnancy status.
- Take Dipyridamole (Persantin and Asasantin) or Viagra.
- Are diabetic, as some changes to your medication may need to occur.

List or bring all your prescribed medications, those medications you buy over the counter, herbal remedies and supplements.

It is very important that you lie still for the scans. Supporting straps, foam pads and light weights may be used to help support you.

### **For a parent/legal guardian/other person of a patient having a myocardial perfusion scan**

To prepare the patient for this procedure and to ease their concerns, tell them what they can expect to happen during the procedure. This information sheet will assist you with this.

We welcome your help and support in preparing the patient for the procedure and in explaining why it's so important to lie still.

At the discretion of the procedure staff a parent/adult (unless pregnant) may be invited into the procedure room to support the patient.

Other children are not allowed into the procedure room, and they must be supervised at all times by another parent/adult.

## **During the procedure**

An intravenous (I.V.) cannula is a small plastic tube that will be inserted into a vein, usually in your hand or arm, making it possible to inject the radioactive tracer and the medications that will stress the heart.

For the procedure, you will be positioned on an examination bed. If possible, your arms will be raised above your head for the scan. If this isn't possible, please inform the clinician before the scan.

The gamma camera will slowly rotate around your chest, capturing images of your heart. Your heart may be monitored by an Electrocardiogram (ECG) during these scans. The scans may include a Computed Tomography (CT) scan from which you will receive a small, additional radiation dose.

It is very important to keep still and to breathe normally for the entire scan. Each scan will take between 15 and 30 minutes.

After the resting scan, your heart will undergo a stress test which is either done by exercising (on a treadmill or stationary bike) or by an I.V. medication infusion of either Adenosine, Dipyridamole or Dobutamine.

If you cannot do the exercise an I.V. medication infusion may be used to increase the blood flow to the heart. Some low-level exercise during the infusion such as slow walking or leg-raising may be required to minimise any side effects from the infusion.

A machine will continually monitor your heart rate.

Images will be taken again after the heart has been put under stress either by exercise or medication. In some circumstances you may be required to return another day for further imaging.

If the I.V. cannula is no longer required, it will be removed at the end of your last scan.



## **2. What are the risks?**

In recommending the procedure, the doctor/clinician believes that the benefits to you from having the procedure exceed the risks involved. There are risks and possible complications associated with the procedure which can occur with all patients – these are set out below. There may also be additional risks and possible complications specific to your condition and circumstances which the doctor/clinician will discuss with you. If you have any further concerns, please ensure that you raise them with the doctor/clinician prior to giving consent to the procedure.

### **Common risks and complications**

- minor pain, bruising and/or infection from the I.V. cannula site
- Adenosine:
  - chest or stomach discomfort
  - flushing
  - headache
  - shortness of breath

- Dipyridamole:
  - chest or stomach discomfort
  - dizziness
  - headache
- Dobutamine:
  - chest or stomach discomfort
  - low blood pressure
  - heart arrhythmias – you may feel your heart beating very quickly
  - palpitations
  - fainting
  - a feeling of urgency
  - chills.

### Uncommon risks and complications

- the procedure may not be possible due to medical and/or technical reasons
- Adenosine:
  - palpitations
  - dizziness
  - heart arrhythmias
  - nausea
- Dipyridamole:
  - flushing
  - nausea
  - low blood pressure
  - dyspnoea
  - palpitations
  - heart arrhythmias
- Dobutamine:
  - anxiety
  - shortness of breath
  - headache
  - nausea
  - tremor (shakiness).

### Rare risks and complications

- an allergy to injected medications/ radioactive tracers may occur, requiring further treatment
- Adenosine:
  - heart attack
  - bronchospasm (tightening of the airways)
  - death
- Dipyridamole:
  - heart attack
  - stroke
  - bronchospasm
  - death

- Dobutamine:
  - heart attack
  - death
- death because of this procedure is very rare.

If serious complications occur, admission to hospital may be required.

### Risks of radiation

The risks of radiation exposure from this procedure need to be compared to the risks of your condition not being treated. Exposure to radiation may cause a slight increase in the risk of cancer to you over your lifetime. However, the potential risk is small compared to the expected benefit of this procedure<sup>1</sup>.

### What are the risks of not having a myocardial perfusion scan?

There may be adverse consequences for your health if you choose not to have the proposed procedure. Please discuss these with the referring 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 prior to the procedure. Please contact the doctor/clinician to discuss.



### 3. Are there alternatives?

Your doctor/clinician will discuss with you the most appropriate examination for your circumstances.

Making the decision to have a procedure requires you to understand the options available. Please discuss any alternative procedure options with your doctor/clinician before signing the consent form.



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

The Nuclear Medicine department will talk to you about what to expect after your procedure.

You will be informed if you are required to come back another day for any more images.

It is recommended that you avoid close contact with children or anyone pregnant, for 4 hours after the scan.



## 5. Who will be performing the procedure?

Nuclear medicine technologists, doctors, nurses, and ECG technologists make up the nuclear medicine team. All or some of these professionals may be involved in your journey.

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

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

For the purpose of undertaking professional training in this teaching hospital, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to your consent, assist with/conduct an examination or procedure on you.

You are under no obligation to consent to an examination(s) or a procedure(s) being undertaken by a clinical student(s) for training purposes. If you choose not to consent, it will not adversely affect your access, outcome or rights to medical treatment in any way.

For more information on student care, please visit [www.health.qld.gov.au/consent/students](http://www.health.qld.gov.au/consent/students).



## 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.

Further information about informed consent can be found on the Informed Consent website [www.health.qld.gov.au/consent](http://www.health.qld.gov.au/consent). Additional statewide consent forms and patient information sheets are also available here.

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

Queensland Health recognise that First Nations People's culture must be considered in the patient's clinical care to ensure their holistic health and individual needs are met.



## 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 proposed procedure.

If you have further questions prior to your appointment, please contact the Nuclear Medicine department via the main switchboard of the facility where your procedure is booked.



## 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.

### References:

1. Australian Radiation Protection and Nuclear Safety Agency (ARPANSA). Ionising radiation in our everyday environment, 2021. Available from [www.arpansa.gov.au](http://www.arpansa.gov.au)