



Queensland Government

Nuclear Medicine Scan Generic 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 requests the following procedure(s)

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

Type of procedure:

Reason for procedure:

Name of referring doctor/clinician:

DO NOT WRITE IN THIS BINDING MARGIN

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SW9598

NUCLEAR MEDICINE SCAN GENERIC CONSENT



**Queensland
Government**

Nuclear Medicine Scan Generic Consent

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

D. Risks specific to the patient in having the procedure

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

E. Risks specific to the patient in *not* having the procedure

(Doctor/clinician to document specific risks in not having the procedure):

F. Alternative procedure options

(Doctor/clinician to document alternative procedure 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.

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Sex: M F I

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 'Nuclear Medicine 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):

1. Nuclear medicine scan

On the basis of the above statements,

1) I/substitute decision-maker/parent/legal guardian/other person consent to having the procedure.

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

Nuclear Medicine 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 nuclear medicine scan and how will it help me?

Nuclear medicine uses a small amount of a radioactive substance.

Nuclear medicine scans show how a part of your body is functioning at a cellular level. This can show early or small changes in disease. Nuclear Medicine can show changes that other imaging cannot see.

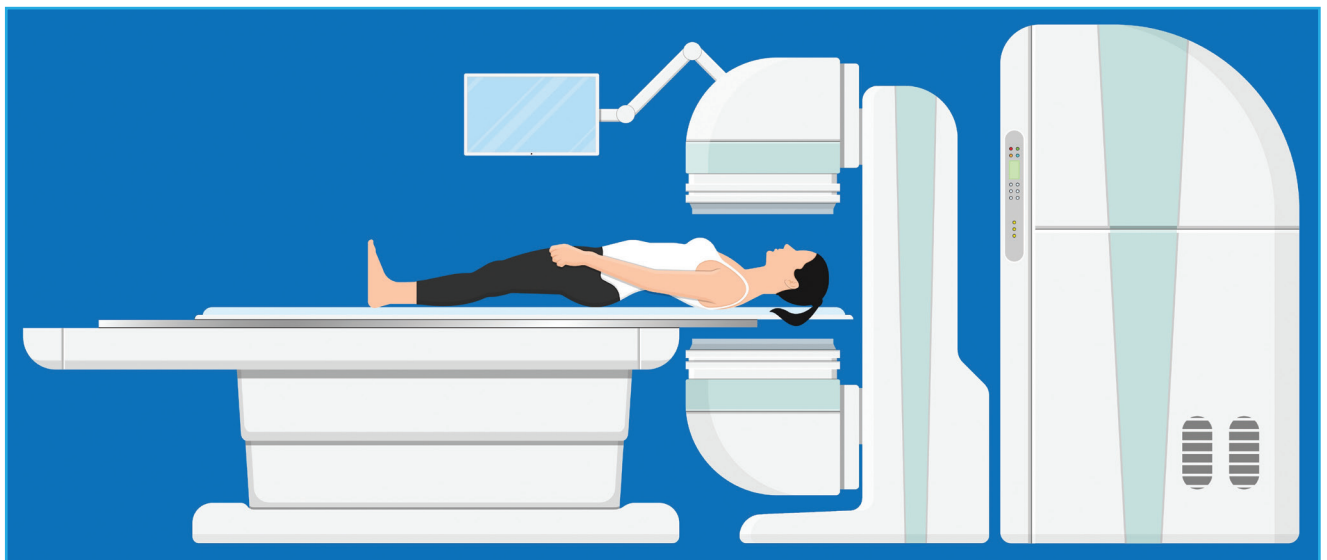


Image: A patient lies down for a scan. ID: 1329727631. www.shutterstock.com

The radioactive substances used in these investigations are often called radioactive tracers or radiopharmaceuticals. There are many types of radioactive tracers. Radioactive tracers work by emitting (giving off) gamma rays, which are a type of radiation similar to an x-ray.

A gamma camera (the scanner) takes pictures of the radiation as it is emitted from your body.

Preparing for the procedure

The Nuclear Medicine department will give you instructions on how to prepare for the procedure. The instructions may include:

- the radioactive tracer being used
- whether you need to make changes to your medicines
- whether fasting, prior to the scan, is required
- the length of each appointment and the number of appointments.

Please tell the doctor/clinician if you are breastfeeding or pregnant, or suspect that you may be pregnant.

Nuclear medicine imaging procedures are usually painless and usually do not require an anaesthetic. 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 nuclear medicine scan

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
- if the patient is having a general anaesthetic you may be able to see them off to sleep. Once they are asleep you will be asked to leave the procedure room and wait in the waiting area.

If a Computed Tomography (CT) scan is required as part of the study, only the patient can stay in the scanning room during the CT scan.

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

During the procedure

Dependent on the disease you have or may have, and the part of your body to be scanned, the radioactive tracer may be inhaled (breathed in), swallowed, or given by injection.

If you receive the tracer by injection, it will be given by an intravenous (I.V.) cannula. An I.V. cannula is a small plastic tube, inserted into a vein, usually in your hand or arm.

After the tracer is given, the scan is performed. Some tests are fast, while others take hours. Sometimes one appointment is all that is needed and other scans may require multiple appointments.

Sometimes, the doctor/clinician may request a type of imaging called SPECT-CT. This is a 3D nuclear medicine image combined with a CT scan to assist clinicians with a more accurate interpretation of the study. This usually takes 20–30 minutes, depending on the area to be scanned. No extra radiation is injected if a SPECT-CT is required, but additional radiation exposure will be received from the CT.



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.

Uncommon risks and complications

- an allergy to injected medications/ radioactive tracers may occur, requiring further treatment.

Rare risks and complications

- death because of this procedure is very rare.

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 procedure¹.

Pregnancy and breastfeeding

If a patient is pregnant when they have a nuclear medicine procedure, there may be adverse health consequences for the unborn child.

Most radioactive tracers are passed through breast milk. The impact of the radioactive tracer on breastfed babies is unknown. If you are breastfeeding, you may be advised to express and discard breastmilk in the days after your scan. This advice is provided by the radiation safety officer.

What are the risks of not having this nuclear medicine 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?

Making the decision to have a procedure requires you to understand the options available. Please discuss any alternative tests with your referring or treating doctors 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 the procedure. It is recommended that you avoid close contact with children or anyone pregnant, for at least 4 hours after the scan.

The radioactive tracer that is used begins to disappear as soon as it is given. Most are undetectable within a day or two.

Radioactive tracers do not impact your ability to drive, and you should not feel any different to how you felt on arrival for the scan.

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

If you no longer require your I.V. cannula, it will be removed.

You will receive the results of your procedure from your treating team at your next follow-up appointment. Please make an appointment if you do not already have one.



5. Who will be performing the procedure?

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

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.



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 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. 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