Interpreter code:

Language:

Queensland		(Affix identification label here)	
Government	URN:		
	Family name:		
Ventilation-Perfusion (VQ) Scan	Given	name(s):	
During Pregnancy Consent			
	Addre	SS:	
Facility:	Date c	of birth: Sex: M F I	
A. Does the patient have capacity to provide		C. Patient OR substitute decision-maker OR parent/	
consent?		legal guardian/other person confirms the following procedure(s)	
Complete for ADULT patient only		I confirm that the referring doctor/clinician has explained that I	
☐ Yes → GO TO section B☐ No → COMPLETE section A		have been referred for the following procedure:	
You must adhere to the Advance Health Directive (AHD))	Ventilation-Perfusion (VQ) scan during	
or if there is no AHD, the consent obtained from a subs		pregnancy: Yes No	
decision-maker in the following order: Category 1. Tribu	ınal-	Name of referring doctor/clinician:	
appointed guardian; 2. Enduring Power of Attorney; or 3. Statutory Health Attorney.			
Name of substitute decision-maker:		D. Risks specific to the patient in having a	
		Ventilation-Perfusion (VQ) scan during pregnancy	
Category of substitute decision-maker:		(Doctor/clinician to document additional risks not included in	
early or outstand decision maker.		the patient information sheet):	
Complete for CHILD/YOUNG PERSON patient only			
Yes Although the patient is a child/young person, the patien be capable of giving informed consent and having suf			
maturity, understanding and intelligence to enable the	em to		
fully understand the nature, consequences and risks proposed procedure and the consequences of non-tre			
- 'Gillick competence' (Gillick v West Norfolk and Wis			
Area Health Authority [1986] AC 112) → GO TO section B			
No Parent/legal guardian/other person* with parental right	nts and		
responsibilities to provide consent and complete this			
→ COMPLETE section A			
*Formal arrangements, such as parenting/custody orders, adoption, or other formally recognised carer/guardianship arrangements. Refer to t		E. Risks specific to the patient in <i>not</i> having a	
Queensland Health 'Guide to Informed Decision-making in Health Car and local policy and procedures. Complete the source of decision-mak		Ventilation-Perfusion (VQ) scan during pregnancy	
authority as applicable below.		(Doctor/clinician to document specific risks in not having a	
If applicable, source of decision-making authority (tick of	one):	Ventilation-Perfusion [VQ] scan during pregnancy):	
☐ Court order → ☐ Court order verified			
☐ Legal guardian → ☐ Documentation verified			
☐ Other person → ☐ Documentation verifiedName of parent/legal guardian/other person:			
rvame or pareninegal guardiamother person:			
Deletionabin to abild/			
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 in in person 	form	F. Alternative procedure options	
translated the informed consent form over the teleph	one	(Doctor/clinician to document alternative procedure not	
It is acknowledged that a verbal translation is usually a	10110	included in the patient information sheet):	
summary of the text on the form, rather than word-by-w	vord		
translation.			
Name of interpreter:			

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Ventilation-Perfusion (VQ) Scan During Pregnancy Consent

	(Affix identification I	abel her	e)		
URN:					
Family name:					
Given name(s):					
Address:					
Date of birth:		Sex:	M	F	

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 'Ventilation-Perfusion (VQ) Scan During Pregnancy' 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):

'Ventilation-Perfusion	(VQ) Scan	During Pregnancy'
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On the basis of the above statements,

 I/substitute decision-maker/parent/legal guardian/ other person consent to having a Ventilation-Perfusion (VQ) scan during pregnancy.

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

guardian/outlet person.	
Signature:	Date:
If the patient is a child/young person:	
☐ I am not aware of any legal or other prevents me from providing unrest child/young person for this procede the child/young person is Gillick countries form.	tricted consent for this ure (not applicable if

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.

l/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

Ventilation-Perfusion (VQ) Scan During Pregnancy

Queensland Government

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 Ventilation-Perfusion (VQ) scan during pregnancy and how will it help me?

A Ventilation-Perfusion (VQ) scan uses a small amount of a radioactive substance, called a radioactive tracer, to measure the airflow (ventilation) and the blood flow (perfusion) in your lungs, to see if you have any blood clots in your lungs (known as a Pulmonary Embolism [PE]). A PE in your lung can be a very serious, life-threatening condition.

A gamma camera will take some images after you have inhaled the radioactive tracer (called Technegas) and/or after the radioactive tracer has been injected. A gamma camera (the scanner) takes images of the radiation as it is emitted from your lungs.

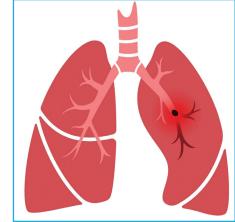


Image: Pulmonary embolism.

ID: 2207266477. www.shutterstock.com

The amount of radioactive tracer used in the study is reduced during pregnancy (compared with a routine VQ scan) to minimise the dose to you and the unborn child.

Preparing for the procedure

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

Please tell the doctor/clinician if you are breastfeeding.

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.

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. This is for the radioactive tracer to be injected through, for the perfusion part of the procedure.

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

The scan may be done in 1 or 2 stages:

- 1. If required, the ventilation scan requires you to breathe in a radioactive tracer called Technegas. Images will then be taken.
- The perfusion scan is performed after an injection of radioactive tracer. Images will be taken once the radioactive tracer has been injected.

The procedure usually takes between 40 to 60 minutes.



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.

Uncommon risks and complications

 the procedure may not be possible due to medical and/or technical reasons.

Rare risks and complications

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

Although the risks from radiation from nuclear medicine procedures are low, an unborn child is more sensitive to medical radiation than adults.

The amount of radioactive tracer used for this study is reduced if you are pregnant, in order to minimise the dose as much as possible.

The dose to your unborn child will vary depending on gestational age. More information can be provided by your doctor/clinician.

What are the risks of not having a VQ scan during pregnancy?

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 procedure options with your doctor/clinician before signing the consent form.



4. What should I expect after the procedure?

Once the procedure is finished, the Nuclear Medicine department will talk to you about what to expect after the procedure.

The I.V. cannula will usually be left in until you have all of your results and it is no longer required.

After your images have been reviewed by the Nuclear Medicine Specialist, your referring doctor/clinician will receive the report of the findings.

If you are an outpatient and the scan images show that you have a blood clot(s) in your lung(s), then you may be admitted to hospital for treatment.

For breastfeeding patients

It is recommended that you do not breastfeed for the first 13 hours after the procedure. During this period, you are required to express and discard your breast milk at routine feeding times. Usual feeding can recommence 13 hours after your scan is complete. Speak to a nuclear medicine clinician if you are unsure or have questions.



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.gld.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.gld.gov.au/health/services/hospitalcare/before-after where you can read about your healthcare rights.

You can also see a list of blood thinning medications at www.health.gld.gov.au/ consent/bloodthinner.

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