Queensland Government

Bronchoprovocation 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)*

.....

.....

This condition requires the following investigation. *(Doctor to document - include site and/or side where relevant to the procedure)*

.....

.....

The following will be performed:

At the start of the test you will be asked to blow into a spirometer which is a machine that measures how fast and how much air you can blow out.

You will inhale a mist from a nebuliser or fine powder from an inhaler. The mist contains methacholine or saline (salty water) whilst the powder contains mannitol (a naturally occurring sugar).

The spirometer test is repeated after you inhale the mist or powder.

C. Risks of a bronchoprovocation test

In recommending this procedure your doctor has balanced the benefits and risks of the procedure against the benefits and risks of not proceeding. Your doctor believes there is a net benefit to you going ahead. This is a very complicated assessment.

There are risks and complications with this investigation. They include but are not limited to the following.

Common risks and complications (more than 5%) include:

- Mild shortness of breath (feeling puffed).
- Coughing.
- Feeling tight in the chest.
- Wheezing.

All of these symptoms can be treated with medication.

Rare risks and complications (less than 1%) include:

- Severe asthma attack. This will require treatment with medication.
- Death as a result of this procedure is extremely rare.

D. Significant risks and investigation options

(Doctor to document in space provided. Continue in Medical Record if necessary.)

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E. Risks of not having this investigation

(Doctor to document in space provided. Continue in Medical Record if necessary.)

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DO NOT WRITE IN THIS BINDING MARGIN

PROCEDURAL CONSENT FORM

v5.00 – 02/2011

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Queensland Government

Bronchoprovocation Test

Facility:

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URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

F. Patient consent

I acknowledge that the doctor has explained;

- my medical condition and the proposed investigation, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- other relevant procedure options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- 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.
- a doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

I have been given the following Patient Information Sheet/s:

☐ **Bronchoprovocation Test**

- 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.
- I understand that image/s or video footage may be recorded as part of and during my investigation and that these image/s or video/s will assist the doctor to provide appropriate treatment.

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)

G. Doctor/delegate statement

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

Name of Doctor/delegate: .....

Designation: .....

Signature: .....

Date: .....

H. 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: .....

DO NOT WRITE IN THIS BINDING MARGIN

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Queensland Government

Consent Information - Patient Copy
Bronchoprovocation Test

1. What is a bronchoprovocation test?

The Bronchoprovocation or Challenge Test looks at how your airways react inhaling different substances and is also used in the assessment of asthma. Airways which narrow after inhaling the mist or powder may be suggestive of asthma.

At the start of the test you will be asked to blow into a spirometer which is a machine that measures how fast and how much air you can blow out.

You will inhale a mist from a nebuliser or fine powder from an inhaler. The mist contains methacholine or saline (salty water) whilst the powder contains mannitol (a naturally occurring sugar).

The spirometer test is repeated after you inhale the mist or powder.

You may have Ventolin (Salbutamol) after the test which returns the airways back to their original size and function.

2. What are the risks of this specific procedure?

In recommending this procedure your doctor has balanced the benefits and risks of the procedure against the benefits and risks of not proceeding. Your doctor believes there is a net benefit to you going ahead. This is a very complicated assessment.

There are risks and complications with this investigation. They include but are not limited to the following.

Common risks and complications (more than 5%) include:

- Mild shortness of breath (feeling puffed).
- Coughing.
- Feeling tight in the chest.
- Wheezing.

All of these symptoms can be treated with medication.

Rare risks and complications (less than 1%) include:

- Severe asthma attack. This will require treatment with medication.
- Death as a result of this procedure is extremely rare.

3. Before the test

- Do not smoke or exercise on the day before having the test.
- Your doctor will advise of the need to stop any medications. (See Medication to STOP before the test). Other non-respiratory medications may be taken as per normal instruction.
- Please contact the Laboratory performing the test if you have a bad cold or flu. The test may need to be re-scheduled.

4. Medications to stop before your test

Several medications can affect the results of this test.

It is important that these medications NOT be used prior to the test.

Please look at the following list – if you are unsure, please contact the Laboratory performing the test.

- Ventolin, Asmol, Bricanyl
- Intal
- Tilade
- Atrovent
- Theophylline
- Qvar, Becloforte, Pulmicort. Flixotide
- Serevent, Foradile, Oxis
- Seretide, Symbicort
- Spiriva
- Zytrec, Telfast, Claratyne
- Monteleukast

Notes to talk to my doctor about:

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