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Queensland Government

Generic Cardiac Consent

Adult (18 years and over)

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

This consent form and patient information sheet uses the words 'I/you/your/me/my' to mean the patient or another person who is providing consent on behalf of the patient.

A. Does the patient have capacity to provide consent?

☐ 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:

B. Is an interpreter required?

☐ Yes ☐ No

If *yes*, the interpreter has translated:

☐ in person ☐ over the telephone

A verbal translation is a summary of the form.

Name of interpreter:

National Accreditation Authority for Translators and Interpreters (NAATI) code:

Language:

C. Procedure details

I confirm that the referring doctor has informed me about the following procedure(s) and I consent to:

D. Risks specific to the patient in having this cardiac procedure

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

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

(Doctor to document specific risks in not having this cardiac procedure)

DO NOT WRITE IN THIS BINDING MARGIN

GENERIC CARDIAC CONSENT

v8.00
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SW9022

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F. Alternative procedure options

(Doctor to document alternative procedure not included in the patient information sheet)

G. Acknowledgment and consent

(Doctor to review and cross out any points not applicable to the patient or procedure)

I acknowledge that the doctor has explained and I understand:

- ☐ the cardiac procedure patient information sheet
- ☐ the medical condition and proposed procedure, including the possibility of additional treatment
- ☐ this procedure requires sedation or general anaesthetic
- ☐ 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 the procedure leads to the need for a blood or blood products transfusion, an additional consent form will be required
- ☐ that tissues/blood may be removed and used for diagnosis/management of the condition
- ☐ that if an immediate life-threatening event happens during the procedure, health care will be provided based on my AHD (Advance Health Directive) or ARP (Acute Resuscitation Plan). If no AHD or ARP is in place, health care will be provided in accordance with good clinical practice and the *Guardianship and Administration Act 2000 (Qld)*
- ☐ that a doctor other than the consultant/specialist may assist with/conduct the clinically appropriate procedure; this may include a doctor undergoing further training under supervision
- ☐ that if the doctor 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.
- ☐ I understand I have the right to change my mind regarding consent at any time, including after signing this form.

I have received the following consent and patient information sheet(s):

- ☐ 'Generic Cardiac'
- ☐ 'About Your Anaesthetic'
- ☐ 'Blood and/or Manufactured Blood Products Transfusion (Full/Limited Consent)'
- ☐ Other *(specify)*:

On the basis of the above statements,

I consent to having the documented cardiac procedure.

Name of patient/substitute decision-maker:

Signature: Date:

H. Doctor confirms

I have explained to you the contents of this form and am of the opinion that the information has been understood.

Name of doctor:

Designation:

Signature: Date:

I. Clinical student involvement

For the purpose of undertaking training, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to my consent, assist with/conduct an examination or procedure on me/the patient while under sedation or anaesthetic.

I 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

Note: you will also have the opportunity to say yes or no to student involvement, on the day of your procedure. For further information please see www.health.qld.gov.au/consent/students

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DO NOT WRITE IN THIS BINDING MARGIN

Queensland Government

Generic Cardiac

Adult (18 years and over)
Informed consent: patient information

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

This patient information sheet has been given to you to read carefully and allow time to ask your doctor any questions about this procedure. Your doctor will include the consent form and a copy of this patient information sheet in your medical record.

This patient information sheet uses the words 'I/you/your/me/my' to mean the patient or another person who is providing consent on behalf of the patient.

1. What is the cardiac procedure and how will it help me?

(Doctor to document cardiac procedure information)

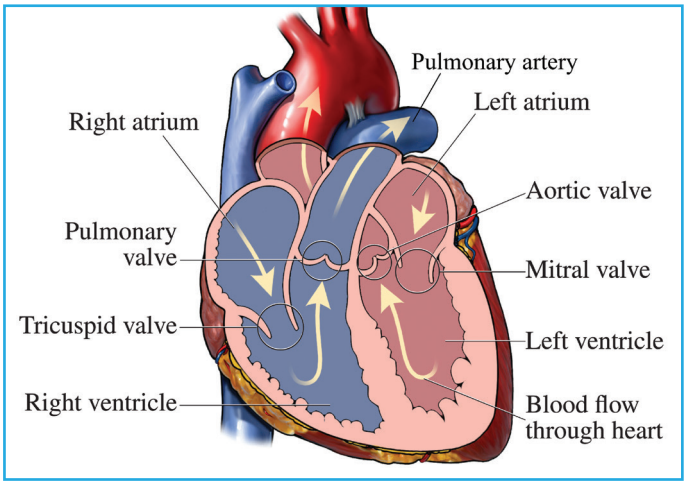


Image 1: Normal heart anatomy. Illustration Copyright © 2019 Nucleus Medical Media, All rights reserved. www.nucleusmedicalmedia.com

Preparing for the procedure

Your doctor will be able to confirm the usual length of time you may be in hospital for this procedure.

The Cardiology department will give you instructions on how to prepare for the procedure. It is important to follow the instructions that are given to you. Your procedure might be delayed if you don't follow all the preparation steps.

You may be required to attend a preadmission clinic or see your GP to have several tests prior to admission. These may include but are not limited to: blood tests, imaging (ultrasound), and Electrocardiograph (ECG).

This procedure will require you to have sedation or a general anaesthetic. Do not drink alcohol, smoke, vape or take recreational drugs for at least 24 hours before the procedure as these may alter the effects of the anaesthetic.

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

Generic Cardiac

Adult (18 years and over)
Informed consent: patient information

Please tell the doctor if you:
- are breastfeeding or pregnant, or suspect that you may be pregnant
- have a drug or medication dependence.

On the day of your procedure

- Nothing to eat or drink ('nil by mouth'): you will be told when to have your last meal and drink. Do NOT eat (including lollies), drink or chew gum after this time otherwise your procedure may be delayed or cancelled. This is to make sure your stomach is empty so that if you vomit, there will be nothing to go into your lungs.
- If you take medicines, most should be continued before a procedure and taken at the usual time, even on the day of the procedure, with a sip of water. There are some important exceptions:
  - your doctor will provide specific instructions about your medicines
  - take to the hospital all your prescribed medicines, those medicines you buy over the counter, herbal remedies and supplements. This may include and is not limited to blood-thinning medicines, the contraceptive pill, antidepressants and/or medicines for treating diabetes (e.g. insulin).
- If you feel unwell, telephone the Cardiology department for advice.
- Tell your doctor if you have:
  - health problems (e.g. diabetes, high blood pressure, infectious diseases, serious illnesses), including if undergoing regular treatment
  - had previous problems and/or known family problems with anaesthesia
  - false teeth, caps, loose teeth or other dental problems
  - allergies/intolerances of any type and their side effects.
- You will be required to change into a hospital gown and remove some of your jewellery. Your belongings will be kept in a safe location during the procedure.

Sedation

Sedation is the use of medicines that help make you feel relaxed and drowsy for your procedure. You may remember some or little about what has happened. You may still be aware of your surroundings and should be able to follow simple instructions, such as holding your breath, when instructed by the doctor.

If you are booked for an anaesthetic or sedation, please read the information sheet *About Your Anaesthetic.* If you do not have one of these information sheets, please ask for one.

For a substitute decision-maker of an adult without capacity to consent to having this cardiac procedure

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
- 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.

Generic Cardiac

Adult (18 years and over)
Informed consent: patient information

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

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

During the procedure

Before you enter the procedure room your details will be checked several times by different nurses and doctors. This is routine and part of safety checks prior to any procedure or surgery.

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 any medication or fluids required during the procedure, including sedation and anaesthetic medications.

Once your procedure is complete, you will be transferred to a recovery area for observation.



2. What are the risks?

In recommending the procedure, the doctor 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.

Your doctor will discuss any additional risks, specific to your individual condition and circumstances, with you. These should be written on the consent form before you sign it.

Common risks and complications

(Doctor to discuss and document any risks)

- procedure specific risks:

- bleeding or bruising is more common if you have been taking blood-thinning medicines, such as warfarin, aspirin, clopidogrel (Plavix, Iscover), prasugrel, dipyridamole (Persantin), ticagrelor (Brilinta), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil and turmeric

(Affix identification label here)

URN:

Family name:

Given name(s):

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Date of birth: Sex: ☐ M ☐ F ☐ I

Uncommon risks and complications
(Doctor to discuss and document any risks)
• procedure specific risks:

Rare risks and complications
(Doctor to discuss and document any risks)
• procedure specific risks:

This procedure will require:

☐ Local anaesthetic
☐ Sedation anaesthetic
☐ General anaesthetic

For more information about the anaesthetic and the risks involved, please refer to the anaesthetic information sheet that has been provided.

If a general anaesthetic or sedation is given, extra risks include:

- faintness or dizziness, especially when you start to move
- fall in blood pressure
- nausea and vomiting
- weakness
- heart and lung problems, such as a heart attack or pneumonia
- stroke resulting in brain damage.

What are the risks of not having this cardiac procedure?

There may be adverse consequences for your health if you choose not to have the proposed procedure. You and your doctor should discuss these.

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.

3. Are there alternatives?

Making the decision to have a procedure requires you to understand the options available. Your doctor will discuss any alternative procedure options and their risks or benefits with you, before signing the consent form.

Generic Cardiac

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4. What should I expect after the procedure?

Your healthcare team will talk to you about what to expect after your procedure and upon discharge from hospital.

Go to your nearest Emergency department or GP (your local doctor) if you become unwell or have:

- pain unrelieved by simple pain relievers or those prescribed for you
- bleeding, swelling, redness or inflammation at the puncture/wound site
- a fever
- other warning signs the doctor may have asked you to be aware of.

If you had sedation or an anaesthetic, this will affect your judgement for about 24 hours. For your own safety:

- Do NOT drive any type of car, bike or other vehicle.
- Do NOT operate machinery including cooking equipment.
- Do NOT make important decisions or sign a legal document.
- Do NOT drink alcohol, smoke, vape or take recreational drugs. They may react with the anaesthetic medications.



5. Who will be performing the procedure?

A doctor other than the consultant/specialist may assist with/conduct your procedure. This could include a registered doctor who is undergoing further training. All trainees are supervised according to relevant professional guidelines.

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

Clinical students

For the purpose of undertaking professional training in this teaching hospital, subject to your consent, a clinical student(s) may observe medical examination(s) or procedure(s). A clinical student may also, subject to your consent, assist with/conduct a clinically necessary examination or procedure on you while you are under the influence of anaesthetic.

You are under no obligation to agree to an examination(s) or a procedure(s) being observed or 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.

Queensland Health respects the privacy of patients and their families. To learn more about health records and personal information visit our website www.health.qld.gov.au/system-governance/records-privacy/health-personal

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

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

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.

Queensland Health recognises that First Nations Peoples' 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 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 Cardiology 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.

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