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Queensland Government

Exercise Stress Test
Child / Young Person

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 and/or my child has the following condition: *(Doctor to document in patient's own words)*

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

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This condition requires a test called an Exercise Stress Test.

The following will be performed:

The exercise stress test measures the function of the heart, lungs and blood vessels. It is done to help exclude abnormal heart function and abnormal heart beats during exercise as well as assess pacemaker function at times.

Before the test starts, an electrocardiogram (ECG) is taken. This is a recording of the heart beat on paper.

Next, your child's heart is exercised or "stressed". If your child can walk easily, your child can walk on the treadmill. The speed and slope of the treadmill increases every three minutes. This makes your child's heart do more work. Your child will exercise quite hard. The test will be stopped when your child can exercise no further.

Your child's pulse, blood pressure and electrocardiogram are watched during and after the test. If we are worried about these, the test is stopped.

If your child feels unwell, your child should tell us at once.

The staff who will be with your child during and after the test are trained to deal with any complications.

Please discuss any worries you or your child may have before you agree to the test.

C. Risks of this Exercise Stress Test

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

General risks:

- Death or brain damage as a result of this procedure is possible.

Specific risks:

- Injury if your child falls whilst on the treadmill. It is important your child understands to let staff know if they can go no further, so the treadmill can be slowed down, rather than your child getting off whilst the treadmill is still moving.
- Your child may suffer from a dangerous heart rhythm which can be induced by the exercise test but this is preferable to have it happen where your child is monitored in a hospital, than in any other location and will help to diagnose the problem.

Situations where stress testing should not be used: (please tell the staff performing the test)

- Recent injuries that will limit your child's ability to run.

D. Significant risks and treatment options

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

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E. Risks of not having this test

(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

v2.00 - 05/2011

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Exercise Stress Test
Child / Young Person

Facility:

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Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

F. Patient/ Parent / Substitute Decision Maker consent

I acknowledge that the doctor has explained to me and/or my child:

- the medical condition and the proposed procedure , including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me/my child.
- other relevant procedure/treatment options and their associated risks.
- my / my child's prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve the condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my / my child's condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, health care will be provided in accordance with good clinical practice and in the best interests of the patient.
- 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 Information Sheet/s:

☐ **Exercise Stress Test -** Child / Young Person

- My child and/or I were able to ask questions and raise concerns with the doctor about the condition, the proposed procedure and its risks, and my treatment options. Any questions and concerns have been discussed and answered to my/our satisfaction.
- I understand that I have the right to change my/our 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 the procedure 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 that my child has the procedure

Name of parent / Substitute Decision Maker/s: .....

Signature: .....

Relationship to patient: .....

Date: ..... PH No: .....

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

☐ Court order → ☐ Court order verified

☐ Legal guardian → ☐ Documentation verified

☐ Other: ..... → ☐ Documentation verified

AND / OR for the young person

Based on *Gillick vs West Norfolk Area Health Authority* [1986] 1AC 112 a minor (i.e a patient under 18 years of age) is capable of giving informed consent when he or she achieves a sufficient understanding and intelligence to enable him or her to fully understand the nature, consequences and risks of the proposed procedure/treatment and the consequences of non-treatment.

I request to have this procedure

Name of patient: .....

Signature: .....

Date: .....

G. Doctor/delegate Statement

I have explained to the patient all the above points under the Patient Consent section (F) 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: .....

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Consent Information – Parent/ Patient Copy
Exercise Stress Test
Child / Young Person

1. Things for your child to do before the test

Not eat or drink for 2 hours before the test.

Unless the doctor has told you otherwise, your child should continue to take normal medications. Have them with a sip of water.

Please dress your child in shorts or a skirt. Comfortable non-slip shoes such as joggers or a sports shoe suitable for running, are also required.

2. Procedure

This condition requires a test called an Exercise Stress Test.

The following will be performed:

The exercise stress test measures the function of the heart, lungs and blood vessels. It is done to help exclude abnormal heart function and abnormal heart beats during exercise as well as assess pacemaker function at times.

Before the test starts, an electrocardiogram (ECG) is taken. This is a recording of the heart beat on paper.

Next, your child's heart is exercised or "stressed". If your child can walk easily, your child can walk on the treadmill. The speed and slope of the treadmill increases every three minutes. This makes your child's heart do more work. Your child will exercise quite hard. The test will be stopped when your child can exercise no further.

Your child's pulse, blood pressure and electrocardiogram are watched during and after the test. If we are worried about these, the test is stopped.

If your child is feeling unwell, your child needs to know that they should tell us at once.

The staff who will be with your child during and after the test are trained to deal with any complications.

Please discuss any worries you or your child may have before you agree to the test.

3. Risks of this test

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

General risks:

- Death or brain damage as a result of this procedure is possible.

Specific risks:

- Injury if your child falls whilst on the treadmill. It is important your child understands to let staff know if they can go no further, so the treadmill can be slowed down, rather than your child getting off whilst the treadmill is still moving.
- Your child may suffer from a dangerous heart rhythm which can be induced by the exercise test but this is preferable to have it happen where your child is monitored in a hospital, than in any other location and will help to diagnose the problem.

Situations where stress testing should not be used:
(please tell the staff performing the test)

- Recent injuries that will limit your child's ability to run.

4. What happens after the test?

After the test, a shower, with soap and towel, is available if required.

You should allow approximately one hour for this appointment.

Notes to talk to my doctor about:

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