

Patient Label

# INFORMED CONSENT

## CLINICIAN USER INFORMATION ABOUT THIS FORM AND THE INFORMED CONSENT PROCESS...

Consent for a surgical procedure is required to be completed before a patient is put onto the treatment list. If a procedure is going to require anaesthetic or blood transfusion, the appropriate anaesthetic leaflet and / or New Zealand Blood Service leaflet should be provided at this time.

The proceduralist (e.g. surgeon / endoscopist) is responsible for obtaining consent required for blood / blood products contained on the last page of this form as appropriate. If blood is refused, please refer to BOPDHB policy 1.2.6 Refusal of Blood Products.

Enduring Power of Attorney (EPOA) for health and welfare document needs to be sighted if relatives are to consent on other's behalf.

If a patient is not competent to consent please refer to the Treatment / Non-Treatment of the Incompetent Adult Patient Treatment form (8107). For children under the age of 16 it is advised that a parent signs the consent form in most situations.

It is important to indicate what information has been provided to support the consent. For more information relating to informed consent refer to BOPDHB policy 1.1.1 Informed Consent. For guidance, queries... please contact your manager or senior clinician.

### CONSENT TO THE SURGERY / PROCEDURE / TREATMENT

I, \_\_\_\_\_ being the proposed patient /  
agree to the following surgery / procedure / treatment / course of treatments parent / guardian / EPOA holder

I understand that I may withdraw consent at any time.

I acknowledge that I have been given the Bay of Plenty District Health Board (BOPDHB) leaflets as listed below

\_\_\_\_\_  \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_

I agree that I have been able to discuss this with \_\_\_\_\_

whose signature appears below

(Print name and designation)

and the risks and benefits have been explained to me. Specific additional risks and benefits explained to me (but not limited to) are... \_\_\_\_\_

I agree to further procedures or measures that my surgeon considers necessary and essential during the procedure.

I agree to have samples of blood tested for transmissible diseases if a health worker is directly exposed to blood / body fluids.

I acknowledge that no assurance has been given that the operation will be performed by any particular proceduralist but I expect that prior to the operation I will be informed who the operating surgeon will be.

I acknowledge that technical positioning and/or safe holding ensuring my safety may be required for this procedure / investigation to be done.

1. I wish to have any body part / tissue removed during this procedure to be returned (except that used for diagnostic purposes). (Tick as appropriate) Yes  No  N/A   
If YES, refer to Policy 6.3.9 Body Parts and Tissues

2. I understand that the procedure or part of the procedure may be delegated to a specialist in training, and I accept that the procedure may involve some clinical teaching, the nature of which is \_\_\_\_\_

and has been discussed with me. (Tick as appropriate) Yes  No  N/A

3. I agree to image / sound recording for clinical purposes the nature of which has been explained to me. (Tick as appropriate) Yes  No  N/A

Signature \_\_\_\_\_  
(Patient / Parent / Guardian / EPOA holder)

Signature \_\_\_\_\_  
(Interpreter / Advocate if appropriate)

Signature \_\_\_\_\_  
(Doctor)

Date / Time \_\_\_\_\_  
This consent is valid for 6 months from this date.

Patient Label

# INFORMED CONSENT

## CONSENT TO ANAESTHESIA...this includes GENERAL, LOCAL, REGIONAL or MONITORED SEDATION

I \_\_\_\_\_ being the proposed patient / parent / guardian / EPOA holder agree that the anaesthetic and / or sedation has been explained to me and I hereby consent to the anaesthetic procedure of \_\_\_\_\_

I understand that I may withdraw consent at any time

I acknowledge that I have been given the BOPDHB Anaesthetic leaflets as listed below

- About Your Anaesthetic  \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_

and that the risks and benefits have been explained to me. Specific additional risks and benefits explained to me (but not limited to) are... \_\_\_\_\_

and further acknowledge that I have been given an opportunity to ask questions.

I agree to such further emergency measures that are necessary to save life / limb.

I acknowledge that advice has been given NOT to drive a motor vehicle, operate machinery or potentially dangerous appliances, drink alcoholic beverages or make important decisions for 24 hours after having received a general anaesthetic or sedation.

I acknowledge that other Anaesthetists in training may be involved in my care as circumstances permit, or require.

Signature \_\_\_\_\_  
(Patient / Parent / Guardian / EPOA holder)

Signature \_\_\_\_\_  
(Interpreter / Advocate if appropriate)

Signature \_\_\_\_\_  
(Consenting Clinician)

Date / Time \_\_\_\_\_

Signature \_\_\_\_\_  
(Anaesthetising Clinician... if required)

Date / Time \_\_\_\_\_  
This consent is valid for 6 months from this date

## CONSENT TO THE USE OF BLOOD / BLOOD PRODUCTS

I \_\_\_\_\_ being the proposed patient

- have been given the New Zealand Blood Service information pamphlet entitled "Your Guide to Blood Transfusion" and I have had time to read the information.
- My questions have been answered and I have obtained all appropriate information that I want.
- I have had the risks, benefits and alternatives of the use of blood explained to me.
- I understand that I may need to receive repeated transfusions.
- I agree to receive blood products as required.

Signature \_\_\_\_\_  
(Patient / Parent / Guardian / EPOA holder)

Signature \_\_\_\_\_  
(Interpreter / Advocate if appropriate)

Signature \_\_\_\_\_  
(Doctor / Consenting Clinician)

\*Date / Time \_\_\_\_\_  
\*THIS CONSENT IS VALID FOR 6 MONTHS FROM THIS DATE

## STAFF USE ONLY...

### CONSENT CHECKLIST

- For procedure  For anaesthetic   
 For blood or blood products  On behalf of other   
 Patient aware they may ask to have a support person present   
 Interpreter / Advocate required?  YES  NO

### INFORMATION PROVIDED

- NZ Blood Service  About your anaesthetic   
 \_\_\_\_\_  
 \_\_\_\_\_  
 Language spoken \_\_\_\_\_