

Informed Consent for Generic Paediatric Cardiac Surgery

Name:	Age (in years):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
UHID No./Registration No.:		
Interpreter Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Consultant's Name:	

Medical Condition

The doctor has explained that I/my child/myhave the following medical condition:

.....

and I/my child/my.....have been explained and advised to undergo the following treatment/procedure:

.....

I authorise Dr. and

his/her associates to perform the above treatment/ procedure.

The doctor should document the site and/or side where relevant to the procedure:.....

.....

Procedure: The doctor will administer general anaesthesia. The child's heart will be reached through an incision (cut) made in the chest. The doctor will operate on the heart and blood vessels.

Consent for Blood Transfusion

Please see Blood Transfusion Consent Form. This will give you information about the type of the blood products, benefits and risks of blood transfusion. If you have any concern(s), please discuss with your doctor.

Consent for Anaesthesia

Please see Paediatric Anaesthesia Consent Form which will give you information of the general risks of the procedure. If you have any concerns, talk these over with your anaesthetist.

Risks and Complications (To be documented by doctor)

While majority of patients have an uneventful surgery and recovery, few cases may be associated with complications.

The risks depend on:

- The age of the child
- Their general condition
- The severity of the underlying cardiac problem

These are seen infrequently and not all the ones listed below are applicable to one individual. However, it is important that you should be aware of the complications/risks that may arise out of this procedure which are as below:

During Surgery (To be documented by doctor)	After Surgery and During Intensive Care (To be documented by doctor)	Patient Specific Risks To be documented by doctor)
<ul style="list-style-type: none"> • Damage to blood vessels • Damage to the lymphatic system • Damage to the heart muscle • Damage to central or peripheral nervous system leading to paralysis of arms or legs, the vocal cords, the diaphragm. • Stroke which may cause disability • Injury to spinal cord • Bleeding • Skin burns due to electric currents used during surgery • Others, if any specify: 	<ul style="list-style-type: none"> • Bleeding • Infection • Abnormal heartbeat • Allergic reaction to medication. This may need drugs to correct. • Damage to the blood cells by the bypass machine. This causes blood clots (thrombus) in the blood vessels. The clots can break off and travel to other parts of the body and can cause damage, such as a stroke, cardiac arrest or block the blood supply to legs and arms. • The bypass machine can have some effect on all the organs of the body. In rare circumstance, these effects can only be recognised several weeks after the operation. This damage can include poor kidney function, poor liver function, food intolerance, developmental delay, psychological and psychiatric problems. • Fluid will build up in the chest and/or the sac around the heart. Lungs may be damaged. the small air sacs in the lungs (alveoli) may get ruptured. A chest drain or ventilator maybe needed to correct it. • Heart function will be impaired after a period on cardiopulmonary bypass and may need drugs to help it work properly. It may require support with an artificial heart. • Death. • Others, if any specify: 	<ol style="list-style-type: none"> 1) 2) 3) 4) 5)

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Potential Benefits (To be documented by doctor) 1) 2) 3) 4)	Alternatives (To be documented by doctor) 1) 2) 3) 4)	
Specific Notes Related to Procedure (Strike out if not required) 	Precise Action Points Understood by the Patient/Substitute Decision Maker (To be documented by patient/substitute decision maker in his/her language) 	
Parent/Local Guardian Consent <ul style="list-style-type: none"> • The doctor has explained my child's/ward's medical condition and the proposed surgery/procedure. I understand the benefits and risks of the surgery/procedure, including the risks that are specific to my child/ward and the likely outcomes. • The doctor has explained other relevant treatment options and their associated benefits and risks. The doctor has explained my child's/ward's prognosis and the risks of not having the procedure. I have been given the choice to take a second opinion. • The doctor has explained any significant risks and problems specific to my child and the likely outcomes if complications occur. • I was able to ask questions and raise concerns with the doctor about my child's/ward's condition, the surgery/procedure and its benefits/risks and my child's/ward's treatment options. My questions and concerns have been discussed and answered to my satisfaction. • I understand that the treatment/procedure may include blood/blood product transfusion (for which a separate consent shall be obtained). • I have been informed to refer pediatric anesthesia consent form. This gives the information about the type of the anaesthesia, its benefits and general risks. • I understand that if organs or tissues are removed during the surgery, that these may be retained for prescribed tests for a period of time and then disposed of sensitively by the hospital. • The doctor has explained to me that if immediate life-threatening events happen during the procedure to my child, they will be treated accordingly. • I understand that no guarantee has been made that the procedure done on my child will improve the condition and that the procedure may make my child's condition worse. • I understand that I have the right to refuse treatment before the procedure. I agree that any such refusal shall be in writing and acknowledged by the hospital and I shall be solely responsible for the outcome of such refusal. • I certify that I have received complete information and fully understood the above consent statement, that all of my questions have been answered to my satisfaction, in the language I understand. This consent is given with stable mind, freely, voluntarily and without reservation. 		
<ul style="list-style-type: none"> • I understand that photographs or video footage maybe taken during my child's/ward's operation. These may then be used for teaching health professionals. (The child/ward will not be identified in any photo or video). <input type="checkbox"/> Yes <input type="checkbox"/> No • For purposes of advancing medical education, I consent to the admittance of observers to the operating room. <input type="checkbox"/> Yes <input type="checkbox"/> No 		

Hospital Logo

Patient Identification Label

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Patient Name:		Signature:		Date and Time:
Substitute Decision Maker Name:	Relationship:	Reason (patient is unable to give consent because):	Signature:	Date and Time:
Witness Name:	Relationship:		Signature:	Date and Time:
Interpreter Name:	Translation given in:		Signature:	Date and Time:
Declaration by the Doctor I have explained to the patient / authorised representatives the medical condition, need for the procedure, its alternatives and benefits/risks, likely consequences if those risks occur and the significant risks and problems specific to this patient including the risks of not undergoing the procedure. I have given the patient/ authorised representatives an opportunity to ask questions about any of the above matters and raise any other concerns. I have answered all their queries to the best of my knowledge.				
Name and Signature of the Doctor with Reg No:			Date and Time:	