



Pt Label

BLOOD TRANSFUSION

I consent /I do not consent to a blood transfusion if needed. (Circle one)

Patient/Guardian _____ Signature _____ Print Name _____ Date ____/____/____

FEMALE PATIENTS (under the age of 50yrs)

It is recognised that *ionizing radiation and/or contrast media* used for your procedure can be harmful to an unborn child. It is the policy of Sutherland Heart Clinic that females who are pregnant or suspect that they are pregnant should **not** have an exam that uses ionizing radiation unless their doctor determines the exam is medically necessary.

If you are pregnant or currently breast feeding you must tell nursing or medical staff.

Your referring doctor should have arranged a pregnancy test (bHCG) at the time of your referral to SHC, **no more than 2 weeks prior to your procedure.**

If no test was taken prior to your arrival at SHC:

I consent to having a pregnancy test prior to my procedure, and to discuss the results (and risk of proceeding) with my physician. I understand this may delay my procedure.

Patient Declaration _____ Date ____/____/____

If no Anaesthetist, Cardiologist is to assess and circle ASA Rating

American Society of Anaesthesiology (ASA) Physical Status Classification System

- ASA I** : A normal healthy patient.
- ASA II** : A patient with mild systemic disease.
- ASA III** : A patient with severe systemic disease that limits activity but is not incapacitating.
- ASA IV** : A patient with incapacitating systemic disease that is a constant threat to life.
- ASA V** : A moribund patient not expected to survive 24 hours with or without operation.
- ASA E** : Emergency operation of any variety;
E Precedes the number, indicating the patient's physical status.

Doctor's Signature..... Print Name Date



Pt Label

Cardiac Catheterisation (Coronary Angiography) Consent

Your doctor has booked you in for a coronary angiogram, a procedure to visualise the heart arteries using X-ray and iodine contrast. This is performed through small catheters inserted via the groin or wrist arteries under local anaesthetic and light sedation. Occasionally additional information will be obtained by passing a wire into an artery allowing pressure measurements and/or direct visualization of the artery by Intravascular ultra-sound (IVUS) or Optical Coherence Tomography (OCT). Pressure measurements may also be made inside the cardiac chambers via additional catheters inserted via arm or groin veins.

As we are a teaching facility, we may have junior doctors and nurses assisting and observing and industry representatives may be in attendance at our request.

In the majority of cases Coronary Angiography is a safe and well tolerated procedure and your Cardiologist believes the benefits outweigh the small risks. There is a moderate risk of bruising and small risk of bleeding from the access point in the artery/vein. This risk is increased if you are overweight, have high blood pressure or have been taking warfarin or other blood thinners. In rare circumstances the contrast agent can cause kidney function to deteriorate. This is more likely in patients who have abnormal kidney function and usually resolves in time. There is a very small risk of an allergic reaction to the contrast agent and **it is imperative that you inform the Nursing and Medical staff if you have had any previous allergic reaction to X-ray dye (contrast)**. There is a very small risk of infection or a major complication such as heart attack, stroke or death (1 in 1000 chance).

We would like you to be as fully informed as possible and your Doctor would be happy to discuss the planned procedure and answer any questions you may have.

CONSENT

I have read the above information, and discussed it with my doctor (named below). I understand the nature of the procedure and that it carries risks. The doctor has told me that an anaesthetic, medicines, blood transfusions or other treatments may be needed and that these may have some risks. I hereby give my consent to undergo Cardiac Catheterisation.

Patient/Guardian: _____ / _____ / _____
Signature Print Name Date

Doctor: _____ / _____
Signature Print Name

Interpreter: _____ / _____ / _____
Signature Print Name Date