

Tilt Test

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 have the following condition: *(Doctor to document in patient's own words)*

.....

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

.....

The following will be performed:
 A needle with a tube connected to it will be put in your arm. This is called an intravenous line or IV.
 The procedure begins with you lying flat on a table. The table is then tilted to raise the upper part of your body, simulating a change in position from lying down to standing up.
 This allows doctors to assess your body's responses to this angle change.
 During the test your symptoms may come back. This is what the doctors want to happen.
 If you have no symptoms after 20minutes, the table is returned to a flat position and you will be given either one spray of Glyceryl Trinitrate spray (GTN) or an infusion of a medication called Isoprenaline. The table is then raised back up.
 If you have symptoms, this is called a positive test.
 If you feel unwell you should tell us at once

C. Risks of a tilt test

In recommending this procedure your doctor has balanced the benefits and risks of the procedure against the benefits and risks of not proceeding. Your doctor believes there is a net benefit to you going ahead.

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

Common risks and complications (more than 5%) include:

- Fainting.
- Low blood pressure.
- Chest pain. This is treated with medications.

Rare risks and complications (less than 1%) include:

- Death as a result of this procedure is extremely rare.

Side effects of Glyceryl Trinitrate (GTN) and Isoprenaline:

You may suffer:

- Headache, facial flushing, tremors usually in the hands, sweating, palpitations, chest pain or low blood pressure.

D. Significant risks and investigation options

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

.....

E. Risks of not having this investigation

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

.....



Tilt Test

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Facility:

F. Patient consent

I acknowledge that the doctor has explained;

- my medical condition and the proposed investigation, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- other relevant procedure options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- 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 Patient Information Sheet/s:

Tilt Test

- I was able to ask questions and raise concerns with the doctor about my condition, the proposed investigation and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my 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 my investigation and that these image/s or video/s will assist the doctor to provide appropriate treatment.

I request to have the procedure

Name of Patient:

Signature:

Date:

Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

Yes ▶ Location of the original or certified copy of the AHD:

No ▶ Name of Substitute Decision Maker/s:

Signature:

Relationship to patient:

Date: PH No:

Source of decision making authority (tick one):

- Tribunal-appointed Guardian
- Attorney/s for health matters under Enduring Power of Attorney or AHD
- Statutory Health Attorney
- If none of these, the Adult Guardian has provided consent.

G. Doctor/delegate statement

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

On the basis of the above statements,

1. What is a tilt test?

A tilt test is used to assess the cause of your symptoms of unexplained fainting or severe light headedness.

When you stand up, gravity causes blood to pool in your leg veins, reducing the amount that returns to your heart. This causes your blood pressure to drop. The drop in blood pressure can be severe enough to cause fainting.

A needle with a tube connected to it will be put in your arm. This is called an intravenous line or IV.

You begin the procedure by lying flat on a table. The table is tilted to raise the upper part of your body which simulates a change in position from lying down to standing up. This allows the doctors to assess your body's responses to this change in angle.

During the test your symptoms may come back. This is what the doctors want to happen.

If you have no symptoms after 20minutes, the table is returned to a flat position and you will be given either one spray of Glyceryl Trinitrate spray (GTN) or an infusion of a medication called Isoprenaline. The table is then raised back up.

If you have symptoms, this is called a positive test.

If you feel unwell you should tell staff at once. The test generally takes about one and a half hours.

2. What are the risks of this specific procedure?

In recommending this procedure your doctor has balanced the benefits and risks of the procedure against the benefits and risks of not proceeding. Your doctor believes there is a net benefit to you going ahead.

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

Common risks and complications (more than 5%) include:

- Fainting.
- Low blood pressure.
- Chest pain. This is treated with medications.

Rare risks and complications (less than 1%) include:

- Death as a result of this procedure is extremely rare.

Side effects of Glyceryl Trinitrate (GTN) and Isoprenaline:

You may suffer:

- Headache, facial flushing, tremors usually in the hands, sweating, palpitations, chest pain or low blood pressure.

3. Before the test

- Do not eat a heavy meal, drink alcohol or smoke for 6 hours prior to your test
- Take your usual medication, unless your doctor has advised otherwise. Bring a list of your normal medications.
- Follow any other instructions given to you by your doctor/hospital.

Notes to talk to my doctor about:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....