

Consent for Anaesthesia

- Child/Young Person**
(under 18 years)
 Adult
(18 years and over)

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

A. Does the patient have capacity?

Complete for ADULT patient only

- Yes → **GO TO section B**
 No → **COMPLETE section A**

You must adhere to the Advance Health Directive (AHD), or if there is no AHD, the consent obtained from a substitute decision-maker in the following order: Category 1. Tribunal-appointed guardian; 2. Enduring Power of Attorney; or 3. Statutory Health Attorney.

Name of substitute decision-maker:

Category of substitute decision-maker:

Complete for CHILD/YOUNG PERSON patient only

- Yes Although the patient is a child/young person, the patient may be capable of giving informed consent and having sufficient maturity, understanding and intelligence to enable them to fully understand the nature, consequences and risks of the proposed procedure/treatment/investigation/examination and the consequences of non-treatment – ‘Gillick competence’ (*Gillick v West Norfolk and Wisbech Area Health Authority* [1986] AC 112)
→ **GO TO section B**
- No Parent/legal guardian/other person* with parental rights and responsibilities to provide consent and complete this form
→ **COMPLETE section A**

*Formal arrangements, such as parenting/custody orders, adoption, or other formally recognised carer/guardianship arrangements. Refer to the Queensland Health ‘Guide to Informed Decision-making in Health Care’ and local policy and procedures. Complete the source of decision-making authority as applicable below.

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

- Court order → Court order verified
 Legal guardian → Documentation verified
 Other person* → Documentation verified

Name of parent/legal guardian/other person*:

Relationship to child/young person:

B. Is an interpreter required?

If yes, the interpreter has:

- provided a sight translation of the informed consent form in person
 translated the informed consent form over the telephone

Name of interpreter:

Interpreter code:

Language:

C. Patient/substitute decision-maker/parent/legal guardian/other person* requests the following procedure(s)

The doctor/clinician has recommended that you/the patient have/has an anaesthetic.

The following anaesthesia will be performed
(*doctor/clinician to tick applicable box*):

- General Anaesthesia (GA)**
Medicines are given to place you/the patient in a state of unconsciousness. Many people think of this as being asleep during surgery.
- Regional Anaesthesia (RA)**
A nerve block is used to numb the part of the body being operated on. Nerves to the arms, neck, chest, abdomen, legs and eyes can be blocked.
- Spinal Epidural Caudal Other (specify)

Other anaesthetic:

Sedation (S)

Medicines are used to alter your/the patient's conscious state so that you/the patient are/is comfortable during procedures that do not involve a lot of pain, such as colonoscopy, endoscopy and small surgical procedures. You/the patient may remember parts of the procedure.

D. Risks specific to the patient in having anaesthesia

(*Doctor/clinician to document additional risks not included in the patient information sheet*):

E. Risks specific to the patient in *not* having anaesthesia

(*Doctor/clinician to document specific risks in not having anaesthesia*):

F. Alternative treatment options

(*Doctor/clinician to document alternative treatment not included in the patient information sheet*):

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G. Information for the doctor/clinician

The information in this consent form is not intended to be a substitute for direct communication between the doctor/clinician and the patient/substitute decision-maker/parent/legal guardian/other person*.

I have explained to the patient/substitute decision-maker/parent/legal guardian/other person* the contents of this form and am of the opinion that the information has been understood.

Name of doctor/clinician:

Designation:

Signature:

Date:

H. Consent

I acknowledge that the doctor/clinician has explained:

- the patient information sheet
- the patient's medical condition and proposed treatment, including the possibility of additional treatment
- the specific risks and benefits of the procedure
- the prognosis, and risks of not having the procedure
- alternative treatment options
- that there is no guarantee the procedure will improve the medical condition
- that the procedure may involve a blood transfusion
- that tissues/blood may be removed and used for diagnosis/management of the condition
- that if a life-threatening event occurs during the procedure:
 - an adult patient will be treated based on documented discussions (e.g. AHD or ARP [Acute Resuscitation Plan])
 - a child/young person's health care will be provided in accordance with good clinical practice and in the best interests of the patient
- that a doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure/treatment/investigation/examination; this may include a doctor/clinician undergoing further training under supervision
- that if the doctor/clinician wishes to record video, audio or images during the procedure where the recording is not required as part of the treatment (e.g. for training or research purposes), I will be asked to sign a separate consent form. If I choose not to consent, it will not adversely affect my access, outcome or rights to medical treatment in any way.

I was able to ask questions and raise concerns with the doctor/clinician.

I understand I have the right to change my mind regarding consent at any time, including after signing this form (*this should be in consultation with the doctor/clinician*).

Complete for ADULT patient only

I/substitute decision-maker have received the following consent and patient information sheet(s):

- "About your anaesthetic"
- "General anaesthetic"
- "Regional anaesthesia (anaesthetic nerve block)"
- "Epidural and spinal anaesthesia"
- "Epidural pain relief for your labour"
- "Local anaesthesia for your eye operation"
- "Local anaesthetic"
- "Sedation with your procedure"
- "Blood and/or manufactured blood products transfusion"

On the basis of the above statements,

I/substitute decision-maker consent to having anaesthesia.

Name of patient/substitute decision-maker:

Signature:

Date:

Complete for CHILD/YOUNG PERSON patient only

I/parent/legal guardian/other person* have received the following consent and patient information sheet(s):

- "About your child's anaesthetic" (SWP19471)
- "Transfusion consent: Fresh blood and/or manufactured blood products" (SW9469)
- Other (*specify*):

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-
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On the basis of the above statements,

I/parent/legal guardian/other person* consent to having anaesthesia.

Name of patient/parent/legal guardian/other person*:

Signature:

Date:

- I am not aware of any legal or other reason that prevents me from providing unrestricted consent for this child/young person for this treatment (*not applicable if the child/young person is Gillick competent and signs this form*).