



Cardioversion

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Facility:

G. Patient consent

I acknowledge that the doctor has explained;

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic required for this procedure. 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.
- the procedure may include a blood transfusion.
- 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:

- About Your Anaesthetic
- Cardioversion

- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure 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 procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements,

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.

H. 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:

I. 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:

1. What is a cardioversion?

Electrical cardioversion is a procedure used to convert an abnormal heart rhythm (such as Atrial Fibrillation AF) to a normal rhythm (sinus rhythm). This is where an electrical shock is given over the chest. This electrical shock stops the abnormal rhythm of the heart for a brief moment and allows the normal heart rhythm to take over.

Warfarin is usually given for at least 4 weeks prior to the cardioversion to minimize the risk of stroke that can occur during or shortly after cardioversion. Warfarin is continued for 4 to 6 weeks after a successful cardioversion. Most patients who undergo successful cardioversion are placed on oral medications to prevent recurrences of AF.

You will have the following procedure:

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

You will get a drug to make you sleep for a short time. While you are asleep, the doctor will use a special machine (defibrillator) that delivers specific amounts of energy to your heart muscle through patches that will be placed on your chest. This will usually restore your normal heart rhythm. Although this procedure only takes a few minutes, several attempts may be needed.

Electrical cardioversion is more effective than medications alone in stopping AF and restoring a normal heart rhythm.

2. My anaesthetic

This procedure will require an anaesthetic.

See **About Your Anaesthetic information sheet** for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor.

If you have not been given an information sheet, please ask for one.

3. 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. This is a very complicated assessment.

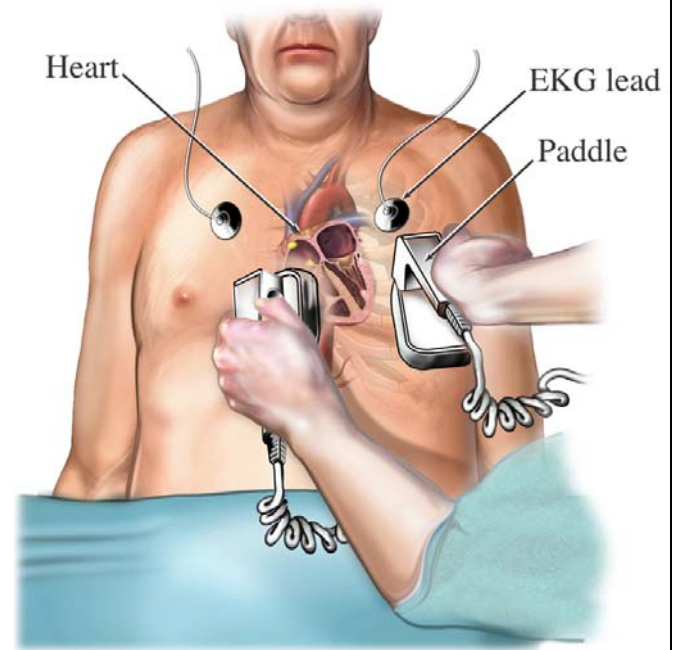
There are risks and complications with this procedure. They include but are not limited to the following.

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

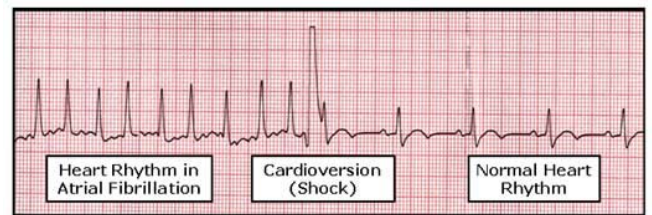
- Skin irritation/redness from adhesive pads.
- Recurrence of Atrial Fibrillation (AF) within 12-24 months.
- The procedure may not be successful. Abnormal heart rhythm may persist.

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

- May require a Pacemaker. This is usually due to an underlying heart condition.
- Blood clot in the lung.
- Heart Attack.
- A stroke. This can cause long term disability.
- Death as a result of this procedure is rare.



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Notes to talk to my doctor about:

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