

Cardiac Catheterisation Child / Young Person

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 and/or my child has the following condition: *(Doctor to document in patient's own words)*

.....

.....

Cardiac catheterisation is an invasive test. This means we need to go inside the body to the heart. It is usually done under general anaesthetic. We need to find detailed information about your child's heart function. This information determines how your child is treated. This may ultimately include the possibility of surgery.

Cardiac catheter procedures fall into two categories: diagnostic and interventional procedures. "Diagnostic cardiac catheters" get information about your child's heart function and diagnosis.

"Interventional procedures" are procedures using specialised balloons and devices. These are put in to improve the function of your child's heart.

Interventional procedures carry more risk. This is specifically related to the type of procedure done. Your doctor will detail these specific risks with the proposed procedure.

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

.....

.....

.....

The following will be performed:

During a cardiac catheter procedure, a catheter (a long thin plastic tube) is placed into the vein and/or artery in the groin. It is pushed up to the heart.

The doctor uses x-rays to see the catheter. The pictures appear on a video screen.

The catheter is moved through the heart to various chambers and blood vessels. This helps obtain the relevant information.

During the procedure, the pressure in each heart chamber is measured. Blood samples are collected from each chamber to look at oxygen levels.

X-ray dye is injected into various chambers of the heart. Video pictures of the heart are taken.

All this information is put together at the end of the study. This helps clarify the details of your child's heart problem. The doctor can then plan further management.

C. Risks of this procedure

Generally the risks of cardiac catheterisation are very low (2%). The risks are higher in babies, very sick patients and those undergoing interventional procedures. These are some of the more serious risks that can happen. They include but are not limited to the following.

General risks:

- Infection can occur which may require treatment including antibiotics.
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin or Aspirin.
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Impaired circulation may occur to a limb or to an organ which may require further treatment
- Death or brain damage as a result of this procedure is possible.

Specific risks:

- For 1 in 1000 children
 - Death.
 - Blood clots or air. These can form on the catheter. They can break off and travel to other parts of the body. This can cause a stroke or heart attack.
- For 2 in 1000 children
 - The catheter may make a hole in the heart. This may require surgery.
- For 3 in 1000 children
 - Cardiac arrest. This is where the heart stops beating. This requires drugs and perhaps an electric shock to the heart to restart the heart.
- For 5 in 1000 children
 - Irregular heart beat. The heart may beat very slow or very fast. This usually goes away by itself. Sometimes, drugs and perhaps an electric shock to the heart are required. Sometimes a pacemaker is needed.

**Cardiac Catheterisation
Child / Young Person**

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

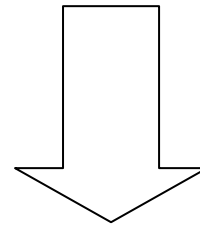
Date of birth:

Sex: M F I

Facility:

- Damage to the artery in the leg from the catheter. A clot or spasm of the artery may decrease blood supply to the leg. This can usually be treated with drugs. On rare occasions this may require surgery.
- Less common but serious risks
 - Allergic reaction to the x-ray dye. Drugs are used to fix this.
 - Infection in the heart. This may require medication and a longer stay in hospital.
 - The catheter or wires may break or form a knot. This may need surgery to remove.
- Minor Risks
 - Slow or fast heart beat. This goes away when the catheter is removed from the heart.
 - Bruising in the groin.
 - Bleeding in the groin that is difficult to control.
 - Discomfort in the groin.
 - When the x-ray dye is injected, it sometimes goes into the muscle of the heart. This can impair the function of the heart for a short time during the procedure. The dye is usually reabsorbed into the system over a few minutes.

-This consent document continues on page 3 -



D. Significant risks and procedure options

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

.....

.....

.....

.....

E. Risks of not having this procedure

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

.....

.....

.....

.....

F. Anaesthetic

This procedure may require an anaesthetic. *(Doctor to document type of anaesthetic discussed)*

.....

.....

Cardiac Catheterisation Child / Young Person

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

G. Patient/ Parent / Substitute Decision Maker consent

I acknowledge that the doctor has explained to me and/or my child:

- the 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/my child.
- other relevant procedure / treatment options and their associated risks.
- my / my child's prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve the condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my / my child's condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, health care will be provided in accordance with good clinical practice and in the best interests of the patient.
- 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 Information Sheet/s:

- Cardiac Catheterisation** -Child / Young Person
- Blood & Blood Products Transfusion**
- My child and/or I were able to ask questions and raise concerns with the doctor about the condition, the proposed procedure and its risks, and my treatment options. Any questions and concerns have been discussed and answered to my/our satisfaction.
 - I understand that I have the right to change my/our 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 the 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 that my child has the procedure

Name of parent /

Substitute Decision Maker/s:

Signature:

Relationship to patient:

Date: PH No:

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

- Court order → Court order verified
- Legal guardian → Documentation verified
- Other: → Documentation verified

AND / OR for the young person

Based on *Gillick vs West Norfolk Area Health Authority* [1986] 1AC 112 a minor (i.e a patient under 18 years of age) is capable of giving informed consent when he or she achieves a sufficient understanding and intelligence to enable him or her to fully understand the nature, consequences and risks of the proposed procedure/treatment and the consequences of non-treatment.

I request to have this procedure

Name of patient:

Signature:

Date:

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:

Consent Information – Parent/ Patient Copy

Cardiac Catheterisation

Child / Young Person

1. How does a normal heart work?

The heart works as a pump that keeps the blood flowing. The heart is divided into four chambers, two filling chambers and two pumping chambers. The veins drain the blood into the heart. The arteries carry blood away from the heart.

The chambers and vessels are separated by valves that control the blood flow. A wall of muscle separates the left and right side of the heart.

The pink blood carries oxygen around the body. The blue blood is returned to the right side of the heart, and into the lungs for more oxygen. The blood then flows into the left side of the heart and is pumped around the body again.

2. Why does my child need the test?

Tests done already by your doctor show that your child has cardiac disease. This requires a test called “cardiac catheterisation”. This test will tell us more about your child’s heart problem. It will help us to decide what treatment is needed for your child.

3. What is going to be done?

Cardiac catheterisation is an invasive test. This means we need to go inside the body to the heart. It is usually done under general anaesthetic. We need to find detailed information about your child’s heart function. This information determines how your child is treated. This may ultimately include the possibility of surgery.

Cardiac catheter procedures fall into two categories: diagnostic and interventional procedures. “Diagnostic cardiac catheters” get information about your child’s heart function and diagnosis.

“Interventional procedures” are procedures using specialised balloons and devices. These are put in to improve the function of your child’s heart.

Interventional procedures carry more risk. This is specifically related to the type of procedure done. Your doctor will detail these specific risks with the proposed procedure.

During a cardiac catheter procedure, a catheter (a long thin plastic tube) is placed into the vein and/or artery in the groin. It is pushed up to the heart.

The doctor uses x-rays to see the catheter. The pictures appear on a video screen.

The catheter is moved through the heart to various chambers and blood vessels. This helps obtain the relevant information.

During the procedure, the pressure in each heart chamber is measured. Blood samples are collected from each chamber to look at oxygen levels.

X-ray dye is injected into various chambers of the heart. Video pictures of the heart are taken.

All this information is put together at the end of the study. This helps clarify the details of your child’s heart problem. The doctor can then plan further management.

4. How will you do the test?

Babies and small children, usually have a general anaesthetic. Bigger children and teenagers usually have a local anaesthetic.

Your child will fast. They will not have anything to eat or drink for a few hours before the procedure.

5. My anaesthetic

This procedure will require an anaesthetic.

See **About Your Child’s Anaesthetic** 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.

6. What are the risks of this test?

Generally the risks of cardiac catheterisation are very low (2%). The risks are higher in babies, very sick patients and those undergoing interventional procedures. These are some of the more serious risks that can happen. They include but are not limited to the following.

General risks:

- Infection can occur which may require treatment including antibiotics.
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin or Aspirin.
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Impaired circulation may occur to a limb or to an organ which may require further treatment
- Death or brain damage as a result of this procedure is possible.

Specific risks:

- For 1 in 1000 children
 - Death.
 - Blood clots or air. These can form on the catheter. They can break off and travel to other parts of the body. This can cause a stroke or heart attack.
- For 2 in 1000 children
 - The catheter may make a hole in the heart. This may require surgery.
- For 3 in 1000 children
 - Cardiac arrest. This is where the heart stops beating. This requires drugs and perhaps an electric shock to the heart to restart the heart.
- For 5 in 1000 children
 - Irregular heart beat. The heart may beat very slow or very fast. This usually goes away by itself. Sometimes, drugs and perhaps an

