

Integrative Pulmonary Care & Medical P/L

Dr. Sam Kim (Medical Director) & Ms. Jasna Kim BA (Clinic Manager) ABN 60 121 427 923

Email: reception@pulmonarycare.com.au (reception)

Samuel Kim

MBBS (UQ) FRACP MPH MBA MMED (USyd)

Consultant Thoracic Physician

Thoracic Consultative & Interventional Bronchoscopy Service

Pulmonary Physiology Laboratory

Rural Health Care

Medical Education - Senior Lecturer, University of Queensland

Main Centre & Lab for bookings & enquiries:

Suite 287-288, Ground Level, St Andrew's Place

33 North Street, Spring Hill QLD 4000

Phone: (07) 3839 1863 Fax: (07) 3839 1864

Mobile: 0417 628 286 (after-hours)

Provider No 214497ET

Blue Hills Lung Centre - Lung Lab and Clinic

15 Blue Hills Avenue, Goonellabah, NSW, 2480

Provider No 214497FB ABN 57 137 211 575

Patient Consent to Treatment or Investigation (Page 1 of 3)	Affix hospital identification here		
	Surname		UMRN
	Given names	DOB	Sex
	Address		
	Suburb		Postcode

Descriptions of Procedure to be undertaken with expertise of Dr Sam Kim

___ **Endobronchial ultrasound with fine needle biopsy aspiration (EBUS with FNA with/without fluoroscopy, MBS #30710):** ultrasound to visualise structures within and adjacent to the airway wall, to localise mediastinal and hilar lymph nodes, or peripheral pulmonary lesions.

___ **Stent insertion and/or dilatation (MBS #41905):** insertion of airway stents or one-way valves to either open up the close airway(s) or to perform lung volume reduction for COPD/emphysema.

___ **Bronchial thermoplasty (MBS #41892):** delivery of thermal energy to reduce the mass of smooth muscle for the treatment of asthma.

___ **Transbronchial lung biopsy (MBS #41898):** use of fluoroscopy (for imaging) to biopsy peripheral pulmonary lesions or lung tissue for definitive histological diagnosis.

___ **Bronchoscopy (MBS #41892):** use of fiberoptic camera to examine the nature of the airways and to allow accurate sampling of superficial airway tissues, cells, secretions and/or foreign body.

___ **Thoracostomy and/or Thoracoscopy (MBS #38803, #38806 or #38436):** limited surgical incision between the rib spaces to allow catheter insertion, to drain fluid/air and/or to biopsy tissues.

___ **Cardiopulmonary Cycle Ergometry Testing (MBS #11503):** combined testing of lung and heart function during cycle exercise to examine the any limitation to exercise capacity.

___ **Mannitol-based Bronchial Provocation Testing (MBS #11512):** using inhaled Mannitol to test for airway reactivity and/or presence of asthma at the time of the testing through series of spirometry-based lung function measurements

___ **Lumbar Puncture (MBS #39000):** Examination of the cerebrospinal fluid through a needle puncture and drainage of the fluid under sterile condition and nursing observation.

___ **Punch Skin Biopsy (MBS #30071):** Examination of the skin through a punch biopsy kit for diagnosis of conditions such as vasculitis or sarcoidosis by the dermatology and pathology services.

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Risks associated with the Procedure/Treatment to be undertaken includes:

___ **Collapse of lung requiring surgery:** air gets in between the chest wall and the lung creating pressure, which then collapses part or the entire lung.

___ **Pain/Discomfort:** pain may occur during or after the procedure.

___ **Respiratory failure:** inadequate exchange of carbon dioxide and oxygen.

___ **Medication reactions:** mild to severe allergic response causing discomfort and possible treatment(s).

___ **Infection:** invasion by and multiplication of pathogenic microorganisms in the body or part of the body.

___ **Bleeding:** blood loss from tissue injury by the scope or interventional therapies resulting in bleeding during or after the procedure.

___ **Cardiac arrhythmias:** irregularity in the force or the rhythm of the heartbeat.

___ **Severe wheezing:** difficult breathing producing a sighing, whistling sound and causing discomfort or distress.

___ **Myocardial infarction:** heart attacks.

___ **Dental injury:** broken or lost teeth or dental appliances associated with bronchoscopes or other instruments in the mouth.

___ **Tissue burn:** burn of the skin or organ due to cautery, radiation burn due to ionizing radiation (fluoroscopy).

___ **Fetal injury:** medication, radiation exposure, complication etc that may cause injury to an unborn fetus or pregnant mother. Please notify Dr. Sam Kim and/or the staff if you are or could be pregnant.

___ **Others:** _____

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Declaration of doctor/proceduralist (to be completed by the clinician obtaining consent)

Tick the boxes or cross out and initial any changes or information not appropriate to the stated procedure

- I have informed the patient of the treatment options available, and the likely outcomes of each treatment option, including known benefits and possible complications.
- I have recommended the treatment/procedures/investigations noted below on this form.
- I have explained the treatment/procedures/investigations, identified below, and what is entailed for the patient.
- I have provided the patient with information specific to the procedure identified. The patient has been asked to read information provided and ask the doctor/proceduralist questions about anything that is unclear. An identifiable copy of the information I have provided to the patient has been kept on the patient's medical record.

Information provided to the patient includes:

- Specific procedures**
I have given the patient opportunity to discuss the proposed procedure, benefits and risks, both general and specific and the risk of not having the procedure.
- Other procedures**
I have discussed the proposed procedure, benefits and risks, both general and specific, and the risks

Treatment/procedure/investigation

List the treatment/procedures/investigations to be performed, noting correct side/correct site

This procedure requires: ...General and/or Regional Anaesthesia ...Local Anaesthesia ...
Sedation An anaesthetist will explain the risk of general or regional anaesthesia to you.

Disclosure of Material Risks, Disposables or Consumables

Material risks or specific risks particular to this patient that have arisen as a result of our discussions are:

Signature of doctor/proceduralist obtaining consent

Full name (please print) _____ **Position/Title** _____

Signature of doctor/proceduralist with overall responsibility for treatment (if different)

Full name (please print) _____ **Position/Title** _____

Patient's declaration

Please read the information carefully and tick the following to indicate you have understood and agree with the information provided to you. Any specific concerns should be discussed with your doctor or proceduralist performing the procedure **prior to signing the consent form**.

- The doctor/proceduralist has explained my medical condition and prognosis to me. The doctor/proceduralist also explained the relevant diagnostic treatment options that are available to associated risks, including the risks of not having the procedure and me.
- The risks of the procedure have been explained to me, including the risks that are specific to the likely outcomes and me. I have had an opportunity to discuss and clarify any concerns with the doctor or proceduralist.
- I **understand** that the result/outcome of the treatment/procedure cannot be guaranteed.
- I **understand** that tissue samples and blood removed as part of the procedure or treatment will be used for diagnosis and common pathology practices (which may include audit, training, test development and research), and will be stored or disposed of sensitively by the hospital.
- If a staff member is exposed to my blood, I **consent** to a sample of blood being collected and tested for infectious diseases. I understand that I will be informed if the sample is tested, and that I will be given the results of the tests.
- I **agree** for my medical record to be accessed by staff involved in my clinical care and for it to be used for approved quality assurance activities, including clinical audit.
- I **understand** that if immediate life-threatening events happen during the procedure, I will be treated accordingly.
- I **understand** that I have the right to change my mind at any time before the procedure is undertaken, including after I have signed this form. I understand that I must inform my doctor if this occurs.
- I **consent** to undergo the procedure/s or treatment/s as documented on this form.
- I **consent** to a blood transfusion, if needed ...Yes ...No (**please tick appropriate box**)

Patient's full name _____

(if desired for mature minor)

Interpreter's declaration

Specific language requirements (if any) _____

I declare that I have interpreted the dialogue between the patient and health practitioner to the best of my ability, and have advised the health practitioner of any concerns about my performance.

Interpreter's signature _____

Date _____

Confirmation of consent at St Andrew's Place, Blue Hills Lunge Centre or admission to Hospital

I confirm that the request and consent for the operation/procedure/treatment above remains current.

I also understand the alternative to the proposed procedure and the risks to be: **NON-INVASIVE THERAPY AND/OR OBSERVATION AND MONITORING OF SYMPTOMS, OR SURGERY.**

Patient's signature _____

Date/Time _____

(patient/person responsible)

Breathing love back into the Lungs

