



Transoesophageal Echocardiogram (TOE)

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)*

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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 back of your throat will be sprayed with a local anaesthetic. This will make it easier to swallow the ultrasound probe which will be in your oesophagus for about 15 minutes until the test is completed.

At the end of the test, the probe will be removed. Your throat will feel numb after the test. You will not be able to eat or drink anything for two hours after the test or until the numbness goes away

C. Risks of a transoesophageal echocardiogram

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:

- Sore throat for a day or two afterwards.

Uncommon risks and complications (1 - 5%) include:

- Damage to your teeth or jaw due to the presence of instruments in your mouth.
- Tear in the oesophagus, which usually settles without treatment.

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

- Abnormal heartbeat that usually settles without treatment.
- Breathing problems. You may need medication to treat this.
- Oesophageal perforation. This may need surgery to repair.
- Death as a result of this procedure is extremely rare.

D. Significant risks and investigation options

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

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E. Risks of not having this investigation

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

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F. Anaesthetic

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

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PROCEDURAL CONSENT FORM



Transoesophageal Echocardiogram (TOE)

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G. 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.
- 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.
- 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:

- Local Anaesthetic and Sedation for Your Procedure
- Transoesophageal Echocardiogram (TOE)

- 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.

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:

