

仁安醫院
UNION HOSPITAL
病人接受麻醉同意書
Consent for Anaesthesia

Please Use ID Label or Block Print				Please Use ID Label or Block Print			
SURNAME		UNIT RECORD NO.		SURNAME		UNIT RECORD NO.	
GIVEN NAME				GIVEN NAME			
CHINESE NAME				CHINESE NAME			
SEX	AGE	WARD	DATE AND TIME	SEX	AGE	WARD	ADMITTED DATE AND TIME
ATTN. DOCTOR:				ATTN. DOCTOR:			
CONSULT. DOCTOR:				CONSULT. DOCTOR:			

*****應與接受手術/介入性醫療程序同意書同閱*****
 *** TO BE READ IN CONJUNCTION WITH CONSENT FOR SURGICAL / INVASIVE PROCEDURE***

(1)A 本人 *身份證號碼 / 護照號碼 在此同意
 I _____ *H.K.I.D.No. / Passport No. _____ hereby
 (病人姓名 Name of Patient)
 接受以下列(2)所選之麻醉進行
 voluntarily give my consent to the administration of the forms of anaesthesia as listed in (2) for the Procedure of _____

或 OR

(1)B 本人 *身份證號碼 / 護照號碼
 I _____ *H.K.I.D.No. / Passport No. _____
 (簽署人姓名 Name of Signatory)
 為病人 的 *父親 / 母親 / 監護人, 在此代表
 am patient _____'s *father / mother / guardian, hereby voluntarily give
 (病人姓名 Name of Patient)
 病人同意接受以下列(2)所選之麻醉進行
 my consent for the Patient to the administration of the forms of anaesthesia as listed in (2) for the Procedure of _____

(2) 麻醉類別 Type of anaesthesia: (手術名稱 Name of Procedure)
 全身麻醉 General Anaesthesia
 監測麻醉 Monitored Anaesthetic Care
 靜脈注射鎮靜劑 Intravenous Sedation
 局部麻醉 Local Anaesthesia / 表面麻醉 Topical Anaesthesia
 區域麻醉 (*脊髓 / 硬膜外 / _____ 麻醉)
 Regional Anaesthesia (*Spinal / Epidural / _____ Anaesthesia.)
 以上可能之組合 Possible combination of the above
 其他 Others: _____

(3) 有關麻醉之風險及併發症
 The possible risks / complications associated with anaesthesia:

(a) 一般風險及併發症 General risks / complications
 常見之輕微併發症包括但不限於: Minor problems are common, including but not limited to:
 - 噁心及嘔吐 Nausea and vomiting
 - 一般疼痛 General aches and pains
 - 顫抖 Shivering
 - 頭痛 Headache
 - 頭暈 Dizziness
 - 手術後及注射部位之疼痛 Post operative pain and pain at injection sites
 - 喉嚨的疼痛 Sore throat

因麻醉而導致之嚴重併發症並不常見。有關併發症包括但不限於:
 Serious complications from anaesthesia are uncommon, including but not limited to:
 - ** 呼吸困難 Breathing difficulties
 - ** 因中風或腦部受損而引起的永久性傷殘 Stroke or brain damage leading to permanent disability
 - ** 心臟受壓而引起的心臟病 Strain on the heart resulting in heart attack
 - ** 藥物性過敏反應 Anaphylactic drug reactions
 - 全身麻醉情況下仍保持清醒 Awareness whilst under general anaesthesia
 - 牙齒及口唇受損 Damage to teeth & lips

** 個別嚴重併發症可導致死亡 Some of these serious complications can be fatal

(b) 針對該病人之風險(風險因素) Any risks relevant to the patient
 風險會因病人個別之情況而提升, 其中包括: Risks may be increased due to co-existing problems such as:
 - 糖尿病 Diabetes
 - 高血壓 High blood pressure
 - 心臟病 Heart disease
 - 腎病 Kidney disease
 - 呼吸系統疾病, 包括哮喘 Respiratory disease including asthma
 - 感冒 Common cold or influenza
 - 吸煙 Smoking
 - 過重 Overweight
 - 年老 Elderly

NUA-346-11-2420(R3)

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(c) 區域/脊髓/局部/硬膜外麻醉之風險/併發症並不常見，包括：

Specific risks / complications associated with regional / spinal anaesthesia / local / epidural anaesthesia are uncommon. They include:

- 麻醉/局部麻醉未能發揮作用，而需要額外麻醉
- Block may not work or work only partially, requiring supplementary anaesthesia
- 麻醉過廣而需要血循環及呼吸輔助
- Block may be too extensive requiring cardiovascular and respiratory support
- 脊髓或硬膜外麻醉後之頭痛
- Headache after spinal or epidural anaesthesia
- 注射部位疼痛、出血或感染
- Pain, bleeding or infection at site of injection
- 脊髓、鄰近神經、血管或器官之損傷
- Damage to spinal cord, adjacent nerves, blood vessels or organs
- 截癱/癱瘓
- Paraplegia / paralysis

(4) 本人確認 I acknowledge that :

- (a) 本人確認在簽署此同意書前，已明白此文件不能徹底列出所有併發症/風險，其他不常見之併發症可能並未包括在內。

I acknowledge that, before signing this consent form, I have been fully informed that the quoted complications / risks of anaesthesia are not exhaustive. Rare complications may not be listed.

- (b) 本人明白向本人解釋之醫生不一定親自為病人施行有關麻醉。

I understand that an anaesthesiologist other than the explaining anaesthesiologist may conduct the anaesthesia.

- (c) 本人確認收到有關是項麻醉程序的資料單張(附頁)，並已閱讀及完全明白其內容(是 / 否)。

I confirm that I have been provided with an information leaflet on anaesthesia (copy attached), and that I have reviewed the same, and that I fully understand the contents (Yes / No).

* 病人 / 父母 / 監護人簽署
Signature of *Patient / Parents / Guardian: _____ 日期
Date: _____
DD/MM/YYYY

見證人簽署
Signature of Witness: _____ 姓名
Name: _____ 日期
Date: _____
(請用正楷填寫 Name in BLOCK LETTER) DD/MM/YYYY

醫生聲明：本人已向上述簽署者解釋是次麻醉程序的性質、風險及效益，並已解答其提出的有關問題。據本人所理解，上述簽署者已獲得充分的資料及已簽妥同意書，而這些資料亦已記錄在病人的病歷內。
DOCTOR'S DECLARATION: I have explained the nature, risks and benefits of anaesthesia to the above signatory and have answered the above signatory's questions. To the best of my knowledge, the above signatory has been adequately informed and has consented, and the details as such had been documented in the Patient's clinical record.

負責麻醉之醫生簽署
Signature of Doctor responsible for the anaesthesia: _____ 姓名
Name: _____ 日期
Date: _____
(請用正楷填寫 Name in BLOCK LETTER) DD/MM/YYYY

由翻譯員填寫(如適用) :
To be completed by Interpreter (if applicable) :

本人
I _____ 已如實地及清楚地
certify that I have truly, distinctly and audibly interpreted the
將此同意書的內容翻譯成
contents of this document into _____ 向簽署者翻譯。
to Signatory.

(語言或方言 insert language or dialect)

翻譯員簽名
Signature of Interpreter: _____ 日期
Date: _____
DD/MM/YYYY

* 請刪除不適用句子 Delete if inappropriate.