

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

\*\*\*应与接受手术/介入性医疗程序同意书同阅\*\*\*  
\*\*\* TO BE READ IN CONJUNCTION WITH CONSENT FOR SURGICAL / INVASIVE PROCEDURE \*\*\*

(1)A 本人 I \_\_\_\_\_ \*身份证明文件号码 \*Identity Document No. : \_\_\_\_\_ 在此同意 hereby  
(病人姓名 Name of Patient) (香港身份证 HKID Card / 其他 Other: \_\_\_\_\_)

接受下列(2)所选之麻醉进行  
voluntarily give my consent to the administration of the forms of anaesthesia as listed in (2) for the Procedure of

或 OR (手术名称 Name of Procedure)

(1)B 本人 I \_\_\_\_\_ \*身份证明文件号码 \*Identity Document No. : \_\_\_\_\_  
(签署者姓名 Name of Signatory) (香港身份证 HKID Card/ 其他 Other: \_\_\_\_\_)

為病人 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)所选之麻醉进行  
my consent for the Patient to the administration of the forms of anaesthesia as listed in (2) for the Procedure of

(2) 麻醉类别 Type of anaesthesia: (手术名称 Name of Procedure)

- 全身麻醉 General Anaesthesia
- 监测麻醉 Monitored Anaesthesia Care
- 静脉注射镇静剂 Intravenous Sedation
- 局部麻醉 Local Anaesthesia / 表面麻醉 Topical Anaesthesia
- 区域麻醉 (\*脊髓 / 硬膜外 / 麻醉)  
Regional Anaesthesia (\*Spinal / Epidural / \_\_\_\_\_ Anaesthesia)
- 以上可能之组合 Possible combination of the above
- 其他 Others: \_\_\_\_\_

(3) 有关麻醉之风险及并发症  
The possible risks / complications associated with anaesthesia:

(a) 一般风险及并发症 General risks / complications

常见之轻微并发症包括但不限于: Minor problems are common, including but not limited to:

- 恶心及呕吐 Nausea and vomiting
- 头晕 Dizziness
- 一般疼痛 General aches and pains
- 手术后及注射部位之疼痛 Post operative pain and pain at injection sites
- 颤抖 Shivering
- 喉咙的疼痛 Sore throat
- 头疼 Headache

因麻醉而导致之严重并发症并不常见。有关并发症包括但不限于:

Serious complications from anaesthesia are uncommon, including but not limited to:

- \*\* 呼吸困难 Breathing difficulties
- \*\* 因中风或脑部受损而引起的永久性伤残 Stroke or brain damage leading to permanent disability
- \*\* 心脏受压而引起的心脏病 Strain on the heart resulting in heart attack
- \*\* 药物性过敏反应 Anaphylactic drug reactions
- 麻醉中觉醒 Awareness whilst under general anaesthesia
- 牙齿及口唇受损 Damage to teeth & lips

\*\* 个别严重并发症可导致死亡 Some of these serious complications can be fatal

(b) 针对该病人之风险(风险因素) Any risks relevant to the patient

风险会因病人个别之情况而增加, 其中包括: Risks may be increased due to co-existing problems such as:

- 糖尿病 Diabetes
- 感冒 Common cold or influenza
- 高血压 High blood pressure
- 吸烟 Smoking
- 心脏病 Heart disease
- 过重 Overweight
- 肾病 Kidney disease
- 年迈 Elderly
- 呼吸系统疾病, 包括哮喘  
Respiratory disease including asthma



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(c) 区域/脊髓/局部/硬膜外麻醉之风险 / 并发症并不常见，包括：

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

- 麻醉/局部麻醉未能发挥作用，而需要额外增加其它麻醉  
Block may not work or work only partially, requiring supplementary anaesthesia
- 麻醉范围过广而需要血循环及呼吸辅助  
Block may be too extensive requiring cardiovascular and respiratory support
- 脊髓或硬膜外麻醉后之头疼  
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、邻近神经、血管或器官之损伤  
Damage to spinal cord, adjacent nerves, blood vessels or organs
- 截瘫 / 瘫痪  
Paraplegia / paralysis

(4) 本人明白及确认 I understand and acknowledge that :

- (a) 本人确认在签署此同意书前，已明白此文件不能完全列出所有并发症 / 风险，其他不常见之并发症可能并未包括在内。

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) 本人明白在医生认为必须或有需要的情况下，病人会接受其他类别的麻醉。

I understand that alternative or other type of anaesthesia may be considered during the course of the operation / procedure / treatment.

- (c) 本人明白向本人解释之医生不一定亲自为病人施行有关麻醉。

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

- (d) 本人确认收到有关是项麻醉程序的资料，并已阅读及完全明白其内容(□是 / □否)。

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

麻醉程序资料的参考编号

Reference no. of the information leaflet: \_\_\_\_\_

(注明资料左下角的参考编号 State the reference no. at the left lower corner of the information leaflet)

\* 病人 / 父母 / 监护人签署  
Signature of \*Patient / Parents / Guardian: \_\_\_\_\_

日期  
Date: \_\_\_\_\_  
DD/MM/YYYY

见证人签署  
Signature of Witness: \_\_\_\_\_

姓名  
Name: \_\_\_\_\_  
(请用正楷填写 Name in BLOCK LETTER)  
日期  
Date: \_\_\_\_\_  
DD/MM/YYYY

医生声明：本人已向上述签署者解释是次麻醉程序的性质、风险及效益，并已解答其提出的有关问题。

据本人所理解，上述签署者已获得充分的资料及已签妥同意书，而这些资料亦已记录在病人的病历内。

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 have been documented in the Patient's clinical record.

负责麻醉之医生签署及编号

Signature and code of doctor responsible for the anaesthesia: \_\_\_\_\_

姓名  
Name: \_\_\_\_\_  
(请用正楷填写 Name in BLOCK LETTER)  
日期  
Date: \_\_\_\_\_  
DD/MM/YYYY

由翻译员填写(如适用) To be completed by Interpreter (if applicable) :

本人  
I \_\_\_\_\_ certify that I have truly, distinctly and audibly interpreted the

将此同意书的内容翻译成  
contents of this document into \_\_\_\_\_ 向签署者传译。  
to Signatory.

(语言或方言 insert language or dialect)

翻译员签名  
Signature of Interpreter: \_\_\_\_\_  
日期  
Date: \_\_\_\_\_  
DD/MM/YYYY



\* 请圈出适用的句子 Circle if appropriate.

□ 请在合适的方格填上「✓」号 「✓」 if appropriate