仁安醫院

病人接受麻醉同意書

Consent for Anaesthesia

Please Use	SURNAME			UNIQUE RECORD NO.		Please Use	SURNAN	ИE			UNIQUE RECORD NO.	
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	ATTN. DOCTO	R:	•				ATTN. DOCTOR:					
CONSULT. DOCTOR:						CONSULT. DOCTOR:						

***應與接受手術/介入性醫療程序同意書同閱*

)A 本人	*身份證明文件號碼 右	上此同意					
Ι	, and the state of	hereby					
(病人姓名 Name of Patient)	(香港身份證 HKID Card / 其他 Other:						
接受以下列(2)所選之麻醉進行							
voluntarily give my consent to the administr	ration of the forms of anaesthesia as listed in (2) for the Procedure of						
及OR	(手術名稱 Name of Procedure)						
)B 本人	*身份證明文件號碼						
I	I *Identity Document No. :						
(簽署人姓名 Name of Signator	ry) (香港身份證 HKID Card/ 其他 Other:)					
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 o	of Patient)	;					
-	of Patient)	;					
病人姓名 Name c 病人同意接受以下列(2)所選之麻醉進行	of Patient)	;					
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(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
- 頭暈 Dizziness
- 一般疼痛 General aches and pains
- 手術後及注射部位之疼痛 Post operative pain and pain at injection sites

- 顫抖 Shivering

- 喉嚨的疼痛 Sore throat

- 頭痛 Headache

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
- 麻醉中覺醒 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

- 感冒 Common cold or influenza
- 高血壓 High blood pressure
- 吸煙 Smoking
- 心臟病 Heart disease
- 過重 Overweight
- 腎病 Kidney disease
- 年老 Elderly
- 呼吸系統疾病,包括哮喘
 - Respiratory disease including asthma



VUA-346-23-2420ce(R10

仁安醫院

病人接受麻醉同意書

Icertify that I have truly, distinctly and audibly interpreted the將此同意書的內容翻譯成向簽署者翻譯。contents of this document intoto Signatory.翻譯員簽名日期	UNION F	HOSPITAL		Consen	it for Anaest	thesia			
These Print GRESS NAME		SURNAME	UNIQUE R	ECORD NO.				UNIQUE RECORD	NO.
(C) 医域/脊側/角端/飛頭外飛頭外頭所之風險/併發症差不常見・色括: Specific risks / complications associated with regional / spinal anaesthesia / local / epidural anaesthesia are uncommon. They include: - 最終/月時現時未能發酵作用,高常受頭外蟲幹 Block may not work or work only partially, requiring supplementary anaesthesia - 最終/月時現時未能發酵作用,高常受頭外蟲幹 Block may be too extensive requiring cardiovascular and respiratory support - 并健放及限附系動態及大型場場 - 提出系統及外型場場 Block may be too extensive requiring cardiovascular and respiratory support - 并健放及限附系動態技工院域 - 注射等位水域・出血及成验 - 清晰等位水域・出血及成验 - 持續及及限所系動態技工院域 - 海線/療域 - 大人明白皮性 - 大人明白皮性 - 大人明白皮性 - 大人明白皮性 - 大人明白皮体 - 大田内内内内内内内内内内内内内内内内内内内内内内内内内内内内内内内内内内内内		GIVEN NAME	CHINESE I	NAME			(^	CHINESE NAME	
(C) 医域/脊髓/局部/硬門/麻野之風族/保野企風族/保野企道本不見。包括: Specific risks / complications associated with regional / spinal anaesthesia / local / epidural anaesthesia are uncommon. They include:		SEX AGE	VARD ADMITE	D DATE AND TIME		SEX AGE	ARD	ADM TED DATE	AND TIME
(6) 医域骨積/易郁/硬膜外庭郭之風除/併發症並不常見・包括: Specific risks / complications associated with regional / spinal anaesthesia / local / epidural anaesthesia are uncommon. They include: - 無新/ 局部集静未態受挫作用、高景要新分展静 Block may not two wor work on partially, requiring supplementary anaesthesia - 最適温泉南高景色地流浸水が現新 Block may not two extensive requiring cardiovascular and respiratory support Headache after spinal or epidural anaesthesia - 支持物位系系、出血液医溶 - 青糖、原油神像、全球器 - 注射物位系系、出血液医溶 - 青糖、原油神像、全球器 - 上线射液位系系。出血液医溶 - 青糖、原油神像、全球器 - 大角色基层 Lunderstand and acknowledge that: (a) 木人烯络在景景北同意言前、已司台北之井不能微康列性所有併發症/風險、其他不常見之併發症可能 - 基本包括名門。 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) 本人明白在星生認為必須及表有需要的情况下、病人全接受其他類別的底部 - Lunderstand that alternative or other type of anaesthesia may be considered during the course of the operation / procedure / treatment. (c) 木人明白的木人解释之器上不一定制在海病人能行有崩凝症。 - Lunderstand that an anaesthesiologist other than the explaining anaesthesiologist may conduct the anaesthesia. (d) 本人環境到新衛港州原幹程序的資料系派 生民開發之全開台共同深口是/目影) - Leontime 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 (口径 一门形). 原幹程序質科系的多考網號 Reference no. of the information leaflet - 第人/父母/整理人發著 - Signature of *Patient / Parents / Guardian: - 是經人簽署 - Signature of *Patient / Parents / Guardian: - 是經人簽署 - Signature of Witness: - Name: - (原理是根系分配度用及CK ETTER) - 日朝 - DDAMMYYYY - 大島養養養養養養養養養養養養養養養養養養養養養養養養養養養養養養養養養養養養		ATTN. DOCTOR:				ATTN. DOCTOR:			
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Reference no. of the information leaflet: (註明單張左下角的參考編號 State the reference no. at the left lower corner of the information leaflet *病人/父母/監護人簽署 Signature of *Patient / Parents / Guardian: DD/MM/YYYY 見證人簽署 Signature of Witness: Name: (請用正楷填寫 Name in BLOCK LETTER) DD/MM/YYYY 醫生學明: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 have been documented in the Patient's clinical record. 負責麻醉之醫生簽署及編號 Signature and code of doctor responsible for the anaesthesia: DD/MM/YYYY 由翻譯員填寫(如適用) To be completed by Interpreter (if applicable): 本人 已如實地及清楚地 certify that I have truly, distinctly and audibly interpreted the 所述可意書的內容翻譯成 contents of this document into (持者或方書 insert language or dialect) 日期	Sp Tl - - - - (4) 本人明 (a) 本 - - - (b) 本 I u tre (c) 本 I u (d) 本 I u tre	pecific risks / compley include: 麻醉 / 局部麻 Block may not 麻醉過廣如一次 動物 與一次 一次 一次 對於 一次	Pications assoc Pications assoc Pic	iated with region in the partially, regarding partially, regarding squiring cardiover a cardiover a complete that the consent forms a complications are type of anaestly and the partial part	中 か麻醉 equiring supplem vascular and respined Headache after Pain, bleeding Damage to spender paraplegia / peraplegia may not be listed besia may be considered. 一行有關麻醉。 e explaining anaece ceptage of the peraplegia / pe	entary anaesther iratory supporter spinal or engent or engent or infection binal cord, adjusted by the sparalysis by the spinal cord of the spina	nesia t pidural anae at site of in acent nerve t t t t t t t t t t t t t t t t t t t	esthesia jection s, blood vesse 見之併發症。 ed complication of the operation	ls or organs 「能 ons / risks of on / procedure /
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Effective since 01-11-2023

DD/MM/YYYY

Consent for Anaesthesia