FORM FOR CONSENT FOR HYPERBARIC OXYGEN TREATMENT

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treating Dr:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I hereby authorise NIIM and its medical staff, to treat me with hyperbaric oxygen therapy (HBO2) for

*(insert condition*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and to render such other supportive care as deemed necessary by the duty doctor.

1. The procedure and the reasons for the treatment have been explained to me by

*(Dr / Nurse Name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

including the risks & benefits of the procedure, the availability, risks & benefits of alternate modes of treatment, & the possibility of complications.

1. I understand that hyperbaric oxygen treatment involves increasing the air pressure and breathing oxygen via a **mask**. I understand that the treatment time may be adjusted, or the treatment may be terminated at any time.
2. I have been made aware of the possible risks or side effects of hyperbaric oxygen treatment which may include:
3. **Barotrauma (ear/sinus squeeze)**. A common problem where the pressure change in an air filled cavity is slow or unable to equalise. This can cause swelling, bruising, pain or bleeding in ears or sinuses, dizziness, tinnitus or hearing loss.

**Note**: Inform the nurse attendant as soon as any discomfort or difficulty equalising ears or sinuses occurs.

1. **Fatigue**. Increased fatigue following treatment is common and temporary.
2. **Anxiety**. Mild anxiety during the treatment is not uncommon and can be greatly reduced with premedication if necessary.
3. **Temporary change of sight (Myopia - short-sighted)**. Distance vision may gradually change, usually after twenty or more treatments. Current glasses may not work as well. This gradually returns towards pre-treatment levels over the same time period after the cessation of therapy. It is not advisable to get new prescription glasses until at least three months have passed after hyperbaric treatment has finished.
4. **Temporary improvement in sight (Presbyopia)**. In patients who need reading glasses for near vision their sight may gradually improve, usually after twenty or more treatments. Current glasses may not work as well. This gradually returns towards pre-treatment levels over the same time period after the cessation of therapy. It is not advisable to get new prescription glasses until at least three months have passed after hyperbaric treatment has finished.
5. **Maturing or ripening cataracts**. In patients with existing cataracts these may develop, mature or ripen more quickly with hyperbaric treatment. This is permanent, but readily corrected with intraocular lens replacement. There have been rare reports of new cataracts developing.
6. **Dental filling deterioration**. Old fillings or decayed teeth can crumble with the pressure change. Dental examination is recommended in case of doubt.
7. **Pulmonary oedema.** Patients with cardiac failure occasionally get an increase of fluid on the lungs. This usually presents as a dry cough or shortness of breath but could come on quickly. Fluid tablets must not be discontinued. If presenting to another doctor Chest X-ray is indicated.
8. **Cerebral Oxygen Toxicity**. The risk of oxygen toxicity increases with higher pressure. It is rare but any nervous system irritation or even a convulsion may come on with little or no warning and can cause incontinence. Appropriate treatment results in full recovery. Previous history of convulsions must be notified.
9. **Pulmonary Oxygen Toxicity**. This has only been described in extended or diving treatments (greater than four hours). It causes cough, chest tightness and reduced lung capacity. It is temporary and does not require treatment.
10. **Serous Otitis (glue ear)**. Fluid in the ears can accumulate as a result of breathing high concentrations of oxygen for long periods (treatment longer than four hours). It may feel like a “pillow over the ear’’.
11. **Cerebral Air Embolism and Pneumothorax**. These are very rare complications of hyperbaric treatment and are generally associated with breath-holding and fast ascent while SCUBA diving. Pneumothorax is a rupture of the lung with pain and shortness of breath. Cerebral air embolism occurs when bubbles enter the arteries and then to the brain producing a stroke-like illness.
12. **Risk of Fire**. If a fire starts close to oxygen there can be rapid progression. No item that could start a fire should be taken into the hyperbaric chamber. Check with staff before any item is taken inside. There are two fire hoses and an emergency fire suppression system for staff to use in the event of a fire.
13. **Chemotherapy**. Prior chemotherapy can have adverse effects in conjunction with HBO2 and NIIM staff must be notified if you have received chemotherapy.
14. I authorise NIIM’s medical staff to take medical photographs for the purposes of teaching or publication. **I understand that I will not be identified** by name and that my anonymity will be preserved in any presentation or publication.
15. I am aware that the practice of medicine and surgery is not an exact science and that I have been made no guarantees as to the results of hyperbaric oxygen therapy.
16. I have been informed by the NIIM’s Medical staff that smoking cigarettes, pipes, cigars or any other forms of tobacco will impede the success of hyperbaric treatment. I have been specifically told not to smoke during the entire duration of my course of treatment.

My signature below constitutes my acknowledgment that:

1. I have read and agreed to the above,
2. hyperbaric oxygen therapy has been satisfactorily explained to me by the medical staff and I have all the information I desire, and
3. I hereby give my authorisation and consent to hyperbaric oxygen therapy.

Signature of Patient/Authorised Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If patient unable to consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason patient unable to consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_