

Name \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

Ward / Bed No. \_\_\_\_\_ Hospital No. \_\_\_\_\_

### CONSENT FOR HAEMODIALYSIS PROCEDURE

(A) I, \_\_\_\_\_ (Patient's name), hereby voluntarily give my consent to undergo the treatment of haemodialysis and the administration of medication and intravenous fluid if necessary during treatment.

OR

(B) I, \_\_\_\_\_, the spouse / son / daughter / relative / guardian of \_\_\_\_\_ (Patient's name), hereby voluntarily give my consent for the Patient to undergo the treatment of haemodialysis and the administration of medication and intravenous fluid if necessary during treatment.

(1) The proposed Procedure, includes the following:

- (a) Indication for performing haemodialysis.
- (b) General nature of haemodialysis.
- (c) Potential common risks and complications may include but not limited to: Hypotension, Muscle cramps, Nausea & vomiting, Headache, Chest discomfort, Bleeding / Bleeding tendency, Infection of vascular access, Fever or chills.
- (d) Some other uncommon risks and complications may include: Allergic reaction, Disequilibrium syndrome, Arrhythmias, Convulsion, Haemolysis, Cerebral haemorrhage, Air embolism, Cardiac arrest / sudden death.
- (e) The consequences of no treatment and other treatment options.
- (f) Additional and/or consequential management of unstable conditions which may become necessary before, during or after Haemodialysis including: immediate treatment, admission or intensive care.
- (g) Others : \_\_\_\_\_  
\_\_\_\_\_

(2) I understand that

- (i) haemodialysis is one of the continuous renal replacement therapy for life-supporting and will not cure chronic renal failure;
- (ii) by necessity, laboratory tests, radiology investigations or surgical procedures to assure the effectiveness of the treatment.

I have been provided with an Information Leaflet on the Procedure ( copy given), and that I have reviewed the same, and that I understand the contents.

\_\_\_\_\_  
Patient/Relative/Guardian's name in block letter

\_\_\_\_\_  
Witness name in block letter

\_\_\_\_\_  
Patient/Relative/Guardian's signature

\_\_\_\_\_  
Witness's signature

ID/Passport No: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

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

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

**DOCTOR'S DECLARATION:** I have explained the nature, risks and benefits of haemodialysis to the Patient/Relative/Guardian and have answered the Patient/Relative/Guardian's questions. To the best of my knowledge, the Patient/Relative/Guardian has been adequately informed and has consented, and the details as such had been documented in the Patient's Clinical Record.

\_\_\_\_\_  
Doctor's Full name in block letter

\_\_\_\_\_  
Doctor's signature

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

## INTERPRETOR

I, \_\_\_\_\_ (Interpreter's name), certify that I have truly, distinctly and audibly interpreted the contents of this document into \_\_\_\_\_ (*insert language or dialect*) to the Patient/Relative/Guardian.

\_\_\_\_\_  
Interpreter's Signature

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

## EXPLANATORY NOTES

1. The consent form should be signed by the patient if he/she is an adult and is in a fit state to do so. Should the patient be unfit for this purpose, the form has to be signed by his/her parent/relative/guardian.
2. If the patient is a minor, it is acceptable for him/her to sign if he/she is fully able to understand the content of the consent form. Otherwise the parent/relative/guardian should sign. In appropriate cases, both the minor patient and the parent/relative/guardian may sign the form.
3. The consent form should be signed by the Doctor who gave the explanation to the patient.
4. The witness may be a member of the hospital staff or any appropriate third party.