



INFORMED CONSENT
to the provision of medical services (medical procedures)

INFORMOVANÝ SOUHLAS
k poskytnutí lékařské služby (základní vyšetření)

Name and surname of patient ¹	Birth Reg. No.

Name and surname of legal representative / guardian ² - relationship in case of legal rep.

Medical procedure/procedure type
Intravenous administration of iodine contrast medium Intravenózní podání jodového kontrastního média diagnostic procedure diagnostické vyšetření

1. Description, purpose and expected benefits of procedure.

Popis, účel a předpokládané přínosy vyšetření

This examination greatly helps to obtain a more precise assessment of the patient's condition. The examination may, although does not necessarily, include the intravenous administration of an iodine contrast medium, to which this informed consent relates. In most CT examinations and in certain special radiodiagnostic examinations, an iodine contrast medium must be administered into the vein to obtain a better image of certain important details. Some structures cannot be examined at all without a contrast medium (e.g. blood vessels).

Tomografické vyšetření významně pomáhá k získání přesnějšího posouzení stavu pacienta. Vyšetření může, ale nemusí zahrnovat intravenózní podání jodového kontrastního média, ke kterému se vztahuje tento souhlas. V mnoha CT vyšetřeních a v některých speciálních radiodiagnostických vyšetřeních musí být jodové kontrastní médium podáno do žíly, aby bylo možné získat lepší snímek některých důležitých detailů. Některé struktury nelze vyšetřit vůbec bez kontrastního média (např. krevní cévy).

¹ Affix label or write out.

² Delete as applicable.



The doctor present at the examination at the X-ray section will decide whether or not the contrast medium is necessary.

In order to perform this examination we need your written consent and we also need to know certain details about your (the patient's) medical history:

Have you (the patient) ever been administered a contrast medium? YES NO

Have you (the patient) had an allergic reaction to a contrast medium? YES NO

Which.....

Are you (the patient) allergic to anything? YES NO
(medication, pollen, foodstuffs, bee stings, iodine disinfectants, etc.)

Which.....

Women – are you (the patient) pregnant? YES/NOT SURE NO

Are you (the patient) breastfeeding? YES NO

What the procedure involves:

The examination is performed with the patient lying on a special table. If a contrast medium needs to be administered, the nurse will insert an intravenous cannula, usually into the arm. Then, under the doctor's supervision, a member of our medical or paramedical staff will apply the contrast medium either manually or using an automatic injector. When this is applied, the patient is under the supervision of the medical staff and in contact with them via a microphone built into the device.

After the examination, out-patient patients must wait in the Department of Radiology waiting room for at least 20 min. with the cannula in the vein in case any complications occur following the procedure. After this, the cannula is removed and the patient may leave.

Hospitalised patients are returned to the ward by the hospital staff.

It is essential to notify the staff if you experience any difficulties!

2. Risks generally associated with the procedure, risks associated with the patient's age, prior medical complications, concomitant diseases etc., urgency of the procedure, possibility of deferral or risks associated with deferral:

Rizika obecně spojená s výkonem: rizika spojená s osobou pacienta včetně jeho věku, předchozím zdravotním komplikacím, současnými onemocněními, nutností výkonu, možností jeho odložení, popř. rizika spojená s odkladem.

In the great majority of cases patients suffer no ill effects from the medium; however, even when performed properly, adverse effects or complications may occur.

The risk depends primarily on the patient's individual sensitivity and current state of health:

Úroveň rizika závisí především na individuální citlivosti pacienta a jeho současném zdravotním stavu. Riziko závisí především na individuální citlivosti pacienta a jeho současném zdravotním stavu.

- 1) mild side-effects of the administration of the contrast medium: dry mouth, sensation of heat in the body, heart palpitations,
mírné nežádoucí účinky podání kontrastního média: suchá ústa, pocit tepla v těle, palpitace srdce,
- 2) more severe adverse effects include varying degrees of allergic reaction: nausea, vomiting, itching, hives, difficulty breathing, convulsions.
více závažné nežádoucí účinky zahrnují různé stupně alergické reakce: nevolnost, zvracení, svědění, kopřivka, obtíže s dýcháním, záchvaty.

In very rare cases the procedure may result in a severe reaction, even loss of consciousness.

V velmi vzácných případech může výkon vést k závažné reakci, dokonce i ke ztrátě vědomí.

With all our patients our department uses modern and high-quality contrast media that are tolerated very well by patients.

Naproti všem pacientům naše oddělení používá moderní a vysokokvalitní kontrastní média, která jsou velmi dobře snášena pacienty.

We are prepared should any adverse reaction occur and are fully equipped to remedy or treat it.

Jsme připraveni v případě jakýchkoli nežádoucích účinků je odstranit nebo je léčit.

3. Possible alternatives to the procedure, advantages and disadvantages, possibility of opting for an alternative:

Možná alternativy výkonu: předvýběr, odložený výkon, možnost dalšího alternativy.



The only alternative to this procedure is an examination without a contrast medium. The advantage of this is that there is no risk of allergic reactions; the disadvantage is that it reduces the diagnostic value of the examination, in some cases considerably.

4. Possible restrictions on normal way of life and ability to work after the procedure and with any changes in state of health and medical fitness:

The contrast medium may adversely affect activities requiring special attention, movement coordination and the ability to make quick decisions. Therefore, anyone who has been administered a contrast medium should not drive, operate machinery, be at heights or consume alcohol during the following 24 hours. The contrast medium is quickly excreted by the kidneys. The majority of the medium is excreted during the first hour after application. Therefore, it is recommended to drink extra fluids after the examination!!!

Patient (legal representative / guardian):

1. Read this document carefully, as well as the attachment explaining the essence of the proposed procedure.
2. If you have not fully understood the explanation or require any additional information, do not hesitate to ask.
3. If you agree with the text of the declaration, please sign it.

The patient (legal representative / guardian) has been informed of his/her right to ask any additional questions, to freely decide whether or not to consent to the proposed procedure, and the right to freely decide on the procedure used when medical procedures are provided, provided that this right is not precluded by other laws. He/she is aware that the medical procedure will not necessarily be performed by the attending physician. The patient (legal representative / guardian) declares that he/she understands the information provided, has no further questions or uncertainties, and grants his/her free informed consent to the above procedures. He/she also declares that a reasonable answer has been given to all questions asked and consents to the performance of other procedures not specified herein if necessary to save the life and health of the patient and if no additional informed consent may be obtained.



Masaryk Municipal Hospital in Jilemnice

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Department of Radiology

Chief Physician Dr. Ivana Mašková



Signature of patient	Jilemnice, date/time:

Signature of legal representative / guardian ³	Jilemnice, date/time:

Name, surname (name tag) and signature of doctor providing this information	Jilemnice, date:

The patient was prevented from signing this informed consent for the following reasons⁴:

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.....
.....

☐ The patient expressed his/her will by

.....
.....

☐ The patient was unable to express himself/herself

Witness present at declaration of consent

Name, surname	Signature	Jilemnice, date/time:

^{3,4} Delete as applicable.

⁴

≡ Tick selected option.