

Informed Consent for Epidural Analgesia for Labour

Name:	Age (in years):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
UHID No./Registration No.:		
Interpreter Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Consultant's Name:	

Medical Condition
 The doctor has explained that I/my child/myhave the following medical condition:

 and I/my child/my.....have been explained and advised to undergo the following treatment/procedure:

 I authorise Dr. and his/her associates to perform the above treatment/ procedure.
 The doctor should document the site and/or side where relevant to the procedure:.....

Introduction

An epidural is a procedure where an anaesthetic (a medicine that gives either partial or total loss of sensation) is injected into the small space in the back near to the spinal cord called 'the epidural space' (refer to image 1). The medicine works by blocking the pain signals from reaching your brain.

A fine plastic tube will be inserted through an epidural needle (the needle will be removed after the tubing is in place) while you are sitting on the side of the bed bending over from the waist or while lying on your side with your knees bent up (refer to images 2 and 3). The fine plastic tube will be taped onto your back and medicines will be given through this fine tube until your baby is born. The anaesthetic will take 15–30 minutes to work.

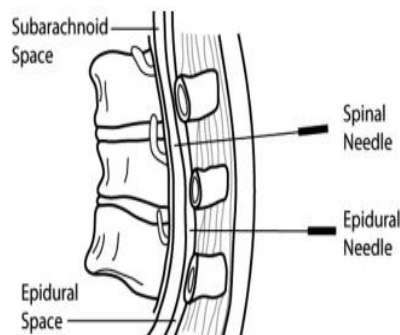


Image 1: The spinal and epidural spaces.



Image 2: Person sitting on the side of a patient trolley, and bending over from the waist.

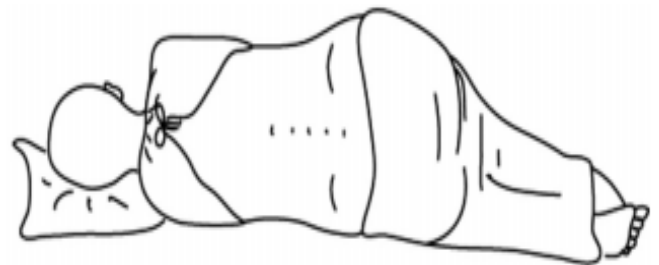


Image 3: Person lying on their side with knees bent.

Consent for Anaesthesia

Please see Anaesthesia Consent Form. This will give you information about the type of the anaesthesia, its benefits and general risks. If you have any concern(s), please discuss with your anaesthetist(s).

Benefits (To be documented by doctor)

- To help you stay awake.
- It considerably reduces the pain of contractions.
- It can be effective for hours and can be increased in strength if there is a need for emergency caesarean.
- If the labour is prolonged, it can allow you to sleep and recover your strength.
- It can also be used for c-sections.
- Appreciated by patient, husband and family.
- Others, if any specify:

Alternatives (To be documented by doctor)

- Non-medical alternatives: Breathing exercises, massages, warm baths or showers, yoga, walking around and relaxation techniques.
- Sometimes the pain is worse than expected or maybe the labour is not progressing as it should. This is when medical pain relief options can be used. These include nitrous oxide gas and strong pain-relieving injections.
- Others, if any specify:

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Risks and Complications (To be documented by doctor)

Common	Uncommon	Rare	Patient Specific Risks (To be documented by doctor)
<ul style="list-style-type: none"> • Bleeding • Nausea • Vomiting • Itching • Shivering • Pain and tenderness at the injection site • Sometimes the epidural anaesthetic works only partially. • It can cause problems in passing urine • Bruising (haematoma) at the injection site • Others, if any specify: 	<ul style="list-style-type: none"> • Fever • Severe headache • Temporary nerve damage • Overdose of medicines which may lead to slow breathing • Allergic reaction • Worsening of existing medical conditions • Others, if any specify: 	<ul style="list-style-type: none"> • Permanent nerve damage with possible paralysis • Severe breathing difficulty • Infection • Short term deafness • Double vision • Blood clot with spinal cord damage • Serious allergic reaction • Equipment failure • Seizures (convulsions or fits) • Meningitis • Cardiac arrest • Severe harm or death • Others, if any specify: 	1) 2) 3) 4) 5)

Specific Notes Related to Procedure (Strike out if not required)

Precise Action Points Understood by the Patient/Substitute Decision Maker (To be documented by patient/substitute decision maker in his/her language)

Patient's Authorisation

- I acknowledge the anaesthetist has informed about the pain relief, alternative methods of pain relief and answered my specific queries and concerns about this matter. I have been given the choice to take a second opinion.
- The doctor has explained the requirement for anaesthesia for this procedure and I understand the risks associated with anaesthesia, including the risks specific to me (for which a separate consent shall be taken).
- I acknowledge that I have discussed with the anaesthetist any significant risks and complications specific to my individual circumstances that I have considered in deciding to have this pain relief.
- I agree to any other additional pain relief considered necessary in the judgment of my anaesthetist during this epidural procedure.
- If any staff member is injured or exposed to my blood or other body fluid then I give my consent to a sample of my blood being collected for the purpose of testing for infectious diseases, such as Hepatitis B, C and HIV.

- I consent to if any photographing or television of operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes. However, suitable precautions shall be taken by the hospital that my identity is not revealed anywhere. Yes No
- For purposes of advancing medical education, I consent to the admittance of observers to the operating room. Yes No

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Patient Name:		Signature:		Date and Time:
Substitute Decision Maker Name:	Relationship:	Reason (patient is unable to give consent because):	Signature:	Date and Time:
Witness Name:	Relationship:		Signature:	Date and Time:
Interpreter Name:	Translation given in:		Signature:	Date and Time:
<p>Declaration by the Doctor I declare that I have explained the nature and consequences of the pain relief to be administered and discussed the risks with the patient/substitute decision maker. I have given the patient/ substitute decision maker an opportunity to ask questions and I have answered as fully as possible. I am of the opinion that the patient/ substitute decision maker has understood the above information.</p>				
Name and Signature of the Doctor with Reg No:			Date and Time:	