



# 接受麻醉同意書

Name:

Pt No.:

Case No.:

Sex/Age:

Unit Bed No:

Case Reg Date & Time:

Attn Dr:

*Please fill in /  
affix patient's label*

Page No:

01	02	03	04	05	06	07	08	09
+10	+20	+30	+40	+50	+60	+70	+80	+90

\*\*\* 應與接受手術 / 醫療程序 / 治療同意書同閱 \*\*\*

## I. 簽署人資料

- ☐ 病人本人
- ☐ 未成年病人之家長或監護人
- ☐ 根據「精神健康條例」下為病人所委任並獲授權代同意，接受院方建議的手術 / 醫療程序 / 治療的法定監護人
- ☐ 其他 (請註明稱號或與病人關係) \_\_\_\_\_

\_\_\_\_\_  
\*簽署人姓名

\_\_\_\_\_  
香港身份證號碼 / 護照號碼

## II. 麻醉類別

- ☐ 全身麻醉
- ☐ 區域 / 脊髓麻醉
- ☐ 靜脈鎮靜鎮痛
- ☐ 監測麻醉
- ☐ 局部麻醉
- ☐ 以上可能之組合

## III. 已給與病人的資訊單 (如適用)

## IV. 有關麻醉之風險及併發症

### 1. 一般風險及併發症

1.1 因麻醉而導致之嚴重併發症並不常見。而有關的併發症包括：

- 1.1.1 \*呼吸困難
- 1.1.2 \*因中風或腦部受損而引起的永久性傷殘
- 1.1.3 \*心臟受壓，而引起的心臟病
- 1.1.4 \*藥物性過敏反應
- 1.1.5 全身麻醉情況下仍保持清醒
- 1.1.6 牙齒及口唇受損
- \*個別嚴重併發症可導致死亡

1.2 其他常見之輕微併發症包括：

- 1.2.1 頭暈及嘔心
- 1.2.2 一般疼痛
- 1.2.3 顫抖
- 1.2.4 頭疼
- 1.2.5 手術後及注射部位之疼痛
- 1.2.6 喉嚨的疼痛



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## 2. 針對病人情況之風險因素

風險會因病人個別之情況而提升：

- 2.1 糖尿病
- 2.2 高血壓
- 2.3 心臟病
- 2.4 腎病
- 2.5 呼吸系統疾病包括哮喘
- 2.6 感冒
- 2.7 吸煙
- 2.8 過重
- 2.9 年老

## 3. 區域 / 脊髓麻醉之風險 / 併發症並不常見。而有關的併發症包括：

- 3.1 麻醉 / 局部麻醉未能發揮作用，而需要額外麻醉
- 3.2 麻醉過強而需要心腦血管及呼吸輔助
- 3.3 脊髓麻醉後之頭疼
- 3.4 注射部位疼痛、出血或感染
- 3.5 鄰近神經、血管或器官之損傷

## V. 同意

本人確認：

1. 醫生已解釋本人 / 病人所需之麻醉程序、效果、及相關之風險。本人明白有關麻醉之風險，包括針對本人 / 病人情況之風險及可能導致之效果。
2. 醫生已解釋其他麻醉方案及有關效果及風險。
3. 本人已就有關麻醉及風險、及其他麻醉方案與醫生討論並得到滿意的回覆。
4. 本人明白此文件未能徹底列出所有併發症 / 風險，其他不常見之併發症可能並未包括在內。
5. 本人明白向本人解釋之醫生不一定親自為本人 / 病人施行有關麻醉。
6. 本人明白若有關麻醉效果未如理想，醫生可能替本人/ 病人施行其他麻醉方案。

基於上述說明，本人同意 / 同意病人接受有關麻醉。

\*簽署人姓名

簽署

日期

\*負責向簽署人解釋的醫生姓名

簽署

日期

\*見證人姓名

簽署

日期

\*傳譯員姓名 (如適用)

簽署

日期



# Consent for Anaesthesia

Name:

Pt No.:

Case No.:

Sex/Age:

Unit Bed No:

Case Reg Date & Time:

Attn Dr:

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\*\*\* TO BE READ IN CONJUNCTION WITH CONSENT FOR OPERATION / PROCEDURE / TREATMENT \*\*\*

## I. Status of Signatory who gives consent

- ☐ The Patient
- ☐ The parent or guardian of the Patient who is a minor
- ☐ The Patient's legal guardian appointed under Mental Health Ordinance with power to consent to the proposed operation / procedure / treatment
- ☐ Others (Please specify designation or relationship) \_\_\_\_\_

\_\_\_\_\_  
\*Name of Signatory

\_\_\_\_\_  
HKID Card No. / Passport No.

## II. Type of Anaesthesia

- ☐ General Anaesthesia
- ☐ Regional / Spinal Anaesthesia
- ☐ Intravenous Sedation
- ☐ Monitored Anaesthetic Care
- ☐ Local Anaesthesia
- ☐ Possible Combination of the Above

## III. Information Sheet provided (if any)

## IV. The Possible Risks / Complications Associated with Anaesthesia

### 1. General Risks / Complications

1.1 Serious complications from anaesthesia are uncommon. They include:

- 1.1.1 \*Breathing difficulties
  - 1.1.2 \*Stroke or brain damage leading to permanent disability
  - 1.1.3 \*Strain on the heart, resulting in heart attack
  - 1.1.4 \*Anaphylactic drug reactions
  - 1.1.5 Awareness whilst under general anaesthesia
  - 1.1.6 Damage to teeth & lips
- \* Some of these serious complications can be fatal.

1.2 Minor problems are common. They include:

- 1.2.1 Nausea and vomiting
- 1.2.2 General aches and pains
- 1.2.3 Shivering
- 1.2.4 Headache
- 1.2.5 Post operative pain and pain at injection sites
- 1.2.6 Sore throat



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### 2. Risks related to the patient

Risks may be increased due to co-existing problems:

- 2.1 Diabetes
- 2.2 High blood pressure
- 2.3 Heart disease
- 2.4 Kidney disease
- 2.5 Respiratory disease including asthma
- 2.6 Common cold or influenza
- 2.7 Smoking
- 2.8 Overweight
- 2.9 Elderly

### 3. Specific risks / complications associated with regional / spinal anaesthesia are uncommon. They include:

- 3.1 Block may not work or work only partially, requiring supplementary anaesthesia
- 3.2 Block may be too extensive requiring cardiovascular and respiratory support
- 3.3 Headache after spinal anaesthesia
- 3.4 Pain, bleeding or infection at site of injection
- 3.5 Damage to adjacent nerves, blood vessels or organs

## V. The Consent

### I acknowledge that:

1. The doctor has explained my / the patient's proposed anaesthesia, the likely outcome, and the risks of this anaesthesia. I understand the risks of the anaesthesia, including the risks that are specific to me / the patient, and the likely outcome.
2. The doctor has explained other relevant anaesthetic options and their associated outcomes and risks.
3. I was able to ask questions and raise concerns with the doctor about my / the patient's condition, the anaesthesia and its risks, and anaesthetic options. My questions and concerns have been discussed and answered to my satisfaction.
4. The quoted complications / risks of the procedure are not exhaustive. Rare complications may not be listed.
5. I understand that an anaesthesiologist other than the explaining anaesthesiologist may conduct the anaesthesia.
6. I understand that during the anaesthesia, alternative anaesthetic option might be performed if the proposed anaesthesia is unsatisfactory.

On the basis of the above statements, **I agree to have the anaesthesia or I agree to the Patient to have the anaesthesia.**

\_\_\_\_\_  
\*Name of Signatory

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Name of Doctor(s) who perform the Procedure

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Name of Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Name of Interpreter (if any)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date