



Minnesota Informed Consent

Consent form for surgery or invasive procedure

Consent for surgery or invasive procedure

Tso cai rau kev phais mob los yog kev tho hlais qhov mob

1. I [print patient's name]: _____

1. Kuv [sau tus neeg mob npe]: _____

a. Agree that I will have [include both the medical term and patient words]: _____

a. Pom zoo tias kuv yuav muaj [ua ke ob hom li kev kho mob thiab neeg mob cov lus]: _____

b. At [name of facility]: _____

b. Rau ntawm [tsev kho mob npe]: _____

c. The reason for this procedure is [medical condition]: _____

c. Qhov laj thawj rau txoj kev kho no yog [tus mob]: _____

d. This will be done or supervised by: _____

d. Qho no yuav raug ua tiav los yog raug tswj xyuas los ntawm _____

e. My doctor may have help from others.
Help could include opening and closing the wound.
Help might also include taking grafts, cutting out tissue, implanting devices. I have been told who will help, if known. The key team members that will assist are:

e. Kuv tus kws kho mob yuav tau kev pab los ntawm lwm cov neeg. Kev pab kuj yog hlais qhov nqaij kom rua thiab xaws qhov nqaij rov rau. Kev pab tej zaum kuj yog kev txuas nqaij rov ua ke, kev txiav nqaij tawm, kev cog tej yam khom rau lub cev. Yeej qhia tus neeg yuav pab rau kuv lawm, yog tias yeej paub. Pab neeg tseem ceeb uas yuav pab yog:

Name/title: _____

Npe/lub koob: _____

Critical task: _____

Lub luag num txhawj xeeb: _____

Name/title: _____

Npe/lub koob: _____

Critical task: _____

Lub luag num txhawj xeeb: _____

Name/title: _____

Npe/lub koob: _____

Critical task: _____

Lub luag num txhawj xeeb: _____

2. I have talked to my doctor or health care team about:

2. Kuv yeej tau tham nrog kuv tus kws kho mob los yog pab neeg kho mob txog:

- a. What the procedure is and what will happen.
- b. How it may help me (the benefits).
- c. How it might harm me (the most likely and most serious risks).
- d. The long-term effects the procedure might have.
- e. My other choices for treatment. The risks and benefits of those choices.
- f. What will likely happen if I say “no” to this procedure.
- g. How I might feel right after and how quickly I can expect to recover.
- h. What medicines will be used to manage pain or sedate me.

3. I agree that: (If I do not agree with a statement, I have crossed it out and initialed next to it.)

- a. I will ask questions.
- b. No one has promised me definite results.
- c. If it is best for me, my doctor may change the plan if they find other serious problems during the procedure.
- d. If I have “do not resuscitate” (DNR) wishes, they will be put on hold during the procedure.
- e. Students and others may watch the procedure. This must be approved by this facility.
- f. Pictures or video may be taken. They may be used for medical or educational reasons only.
- g. Tissues or items removed from my body may be tested. They will be disposed of with respect. Unless I agree, tissues will not be used for research or sold.

- a. Txoj kev phais yog li cas thiab yuav tshwm sim dab tsi.
- b. Nws yuav pab tau kuv li cas (cov txiaj ntsim).
- c. Nws yuav ua mob li cas rau kuv (cov nquag tshwm sim muaj thiab cov teeb meem loj).
- d. Kev phais yuav tshwm sim ua mob mus ntev.
- e. Lwm hom kev kho mob rau kuv xaiv. Cov teeb meem thiab cov kev zoo ntawm cov kev kho ntawd.
- f. Yuav muaj dab tsi tshwm sim yog kuv hais tias “tsi kam” muaj txoj kev phais no.
- g. Kuv yuav hnov zoo li cas tom qab thiab kuv yuav muaj peev xwm xeev sai npaum li cas.
- h. Cov tshuaj twg thiaj yuav siv tswj tau qhov mob los yog ua kom kuv tsaug zog.

3. Kuv pom zoo raws li: (Yog kuv tsis pom zoo rau ib nqe lus twg, kuv yuav muab nws kos tawm thiab sau tus tsiaj ntawv cim kuv lub npe rau ib sab.)

- a. Kuv yuav nug kuv cov lus.
- b. Tsis muaj ib tug neeg kam lees qhov kev tshwm sim tseeb rau kuv.
- c. Yog tias nws zoo tshaj rau kuv, kuv tus kws kho mob yeej yuav hloov dua tswv yim yog tias lawv tshawb tau tias muaj lwm hom teeb meem loj rau lub tsam thawj uas phais ntawd.
- d. Yog kuv muaj “tsis txhob cawm siav rov los” (DNR) xav tias lawv yuav tau raug nres tos thaum lub caij tab tom phais.
- e. Tej zaum yuav muaj cov neeg kawm ntawv thiab lwm cov neeg yuav saib qhov kev phais. Qhov no yuav tsum tau kev tso cai los ntawm lub tsev kho mob no.
- f. Tej zaum yuav yees duab thiab yeeb yaj kiab tseg cia. Tsuas siv lawv rau txoj kev kho mob los yog kev kawm nkaus xwb.
- g. Cov nqaij los yog tej khoom uas tau hlais tawm ntawm kuv lub cev yuav tau raug muab ntsuam xyuas. Lawv yuav raug pov tseg yam tsim nqi. Tshwj tsis yog tias kuv pom zoo, yuav tsis muab cov nqaij

h. If a staff person is exposed to my blood or body fluids, my blood will be drawn and tested for HIV and hepatitis. The test results will go:

- To me;
- In my medical record;
- To the exposed worker. This is to decide if treatment for the worker is needed;
- To the Employee Health Services Department and/or Infection Control at this facility; and
- To Minnesota health officials

4. Blood transfusions:

I have been told how likely it is that I will need a blood transfusion. I know the risks and benefits of receiving blood products. My doctor and I talked about other options.

- You may give me blood (blood products) if I need them during my stay and if it is related to this procedure. Yes No

5. I understand that:

a. I can change my mind. If I do, I must tell my doctor or team as soon as possible.

b. The team members may change during the procedure.

c. The team will double-check who I am. They will ask what I am having done. This is to protect me.

mus siv rau kev tshawb fawb los yog muag.

h. Yog tias ib tus neeg ua hauj lwm raug kuv cov ntshav los yog kua faj siv lo rau, yuav tau nqus kuv cov ntshav thiab koj mus ntsuam xyuas kab mob (HIV) thiab kab mob siab. Cov kev ntsuas xyuas tau yuav tsum mus:

- Rau kuv;
- Rau hauv kuv cov keeb kwm ntaub ntawv teev kev kho mob;
- Rau tus neeg ua hauj lwm uas lo ntshav. Qhov no yog pab txiav txim seb tus neeg ua hauj lwm puav yuav tau mus kho mob;
- Rau Neeg Ua Hauj Lwm Fab Kev Noj Qab Haus Huv thiab/los yog Fab Tswj Kev Kis Mob ntawm lub tsev kho mob no; thiab
- Rau Minnesota Cov Tswj Kev Noj Qab Haus Huv.

4. Cov kev ntxiv ntshav:

Yeej qhia rau kuv tias muaj feem kuv yuav raug ntxiv ntshav. Kuv paub txog cov teeb meem thiab kev zoo ntawm txoj kev txais cov ntshav. Kuv tus kws kho mob thiab kuv tau sib tham txog lwm hom kev xaiv.

- Koj muab tau ntshav rau kuv (cov ntshav pab) yog tias kuv yuav tsum tau rau lub caij tab tom kho kuv thiab yog tias nws muaj feem xyuam rau txoj kev phais zaum no. Kam Tsis Kam

5. Kuv to taub tias:

a. Kuv muaj peev xwm pauv siab tau. Yog tias kuv pauv siab, kuv yuav tsum qhia rau kuv tus kws kho mob los yog pab neeg kho mob ceev li ceev tau.

b. Cov neeg kho mob yuav sib hloov lub caij phais mob.

c. Cov neeg kho mob yuav tshawb xyuas ob peb lwm saib kuv yog leej twg. Lawv yuav nug seb yog yuav ua dab tsi rau kuv. Qhov no yog kev tiv thaiv kuv.

My questions have been answered. I agree to the procedure. My instructions and special needs are:

Patient (or representative) signature/
Relationship to patient

Date

Time

I have discussed the procedure and the information stated above with the patient (or patient’s representative) and answered their questions. The patient or their representative consented to the procedure.

Physician or Provider signature(s)

Date

Time

Interpreter Name (if used)

Organization

Time

I have verified that the signature is that of the patient or patient’s representative. This form has been signed before the procedure.

Witness

Date

Time

Twb teb kuv cov lus nug tag lawm. Kuv pom zoo rau txoj kev phais. Kuv cov lus qhia paub thiab cov kev xav tau tshwj xeeb yog:

Neeg mob (los yog tus sawv cev) kos npe
Kev txheeb ze rau tus neeg mob

Hnub tim

Sij Hawm

Kuv tau tham qhia txoj kev phais thiab cov ntsiab lus sau rau saum toj no nrog tus neeg mob (los yog tus neeg mob tus sawv cev) thiab tau teb lawv cov lus nug. Tus neeg mob los yog tus sawv cev rau tus neeg mob tau pom zoo rau txoj kev phais.

Kws Kho Mob los yog Chaw Kho Mob Kos Npe

Hnub tim

Sij Hawm

Tus Neeg Txhias Lus Npe (yog tias siv)

Hom Lus/Koos Haum

Sij Hawm

Kuv tau tshawb qhov tseeb tias cov npe kos no yeej yog tus neeg mob los yog tus sawv cev rau tus neeg mob li tiag. Yeej kos npe rau tsab ntawv no ua ntej txoj kev phais.

Pov Thawj

Hnub tim

Sij Hawm