



FORM OF INFORMATION AND INFORMED WRITTEN CONSENT

Order of 8 of Julio 2009 (BOJA nº 152 of date August 6) for which instructions are dictated to the Centers of the Sanitary Public System of Andalusia, in relation to the procedure of Informed Consent.

1. DOCUMENT OF INFORMATION FOR ELECTRICAL CARDIOVERSION

This document serves so that you, or who represents it, give its consent for this intervention. That means that it authorizes us to carry out it.

You can to retire this consent when you want it. To sign it doesn't force you to be made the intervention. Of their rejection he/she won't be derived any adverse consequence regarding the quality of the rest of the received attention. Before signing, it is important that you read the following information slowly.

Tell us if he/she has some doubt or he/she needs more information. We will assist him/her with a lot of pleasure.

1.1 WHAT YOU SHOULD KNOW: ON WHAT IT CONSISTS?. FOR WHAT REASON IT SERVES?:

It is a treatment form for patient with certain alterations of the heart rhythm (arrhythmias), applying an electric current across the chest.

It is good to return to the heart their regular normal rhythm, suppressing the arrhythmia that had and their harmful consequences. It could be made with elective carácter, but also it is frequent its application in emergency situations.

HOW IS IT CARRIED OUT?

The patient will be fasting and lying in bed, under the effects of the general anesthesia or deep pharmacological sedation so that the procedure is not painful. It expands a gel on the paddles of the cardioverter device and these are applied in the lateral one and frontal of the chest, on the next area to the heart.

It is necessary to give one or several brief electrical discharges (electrical shock), but of certain power, to try to get the disappearance of the arrhythmia.

During the procedure it is controlled the activity of the heart permanently. It is probable that it remains unconscious less than 5 minutes, due to the anesthesia, and you won't remember the electrical discharge that it is applied you.

After the procedure, you will be watched over during a short period of time. Once past the effects of the anesthesia, habitually it can leave to house.

After the procedure it is possible that you have to take drug therapy to maintain the normal rhythm of the heart. The doctor will indicate you the time during you will have to take the medication.



WHAT EFFECTS IT WILL PRODUCE TO YOU?

The objective is the termination of the rapid arrhythmia to alleviate the symptoms that you feel due to rapid heart rate.

IN WHAT IT WILL BENEFIT TO YOU?

We can recover your heart normal rhythm, it will reduce your throbs, chest pain or discomfort, shortness of breath and you will notice more exercise capacity.

OTHER AVAILABLE ALTERNATIVES IN YOUR CASE?

Occasionally the heart rhythm of the heart can recover with drug therapy.

In your case:

WHAT RISKS DOES IT HAVE?

Any medical performance has risks. Most of the times the risks are not materialized, and the intervention doesn't produce damages or secondary undesirable effects. But sometimes this is not possible. For that reason it is important that you know the risks that it can appear in this process or intervention.

THE MOST FREQUENT:

In general, they are usually light:

- Erythema of the skin thorax area where it was applied the discharge.
- And even, light burn of the area of the skin where the discharge was applied.
- The administration of hypnotic, sedative and relaxing muscular it doesn't usually outline problems during the awakening.

THE MOST SERIOUS:

- It is very strange that an embolic event happens, since the patient receives medications to diminish the clotting of his/her blood.
- In an occasional way, it could show up other dysfunctions of the rhythm you burden and sudden that require more electric immediate discharge.
- Being exceptional the urgent implantation of a pacemaker

THOSE DERIVED OF YOUR PROBLEMS OF HEALTH:

Due to your own characteristics, there are the following additional risks:

.....

.....

.....

.....

SPECIAL SITUATIONS THAT SHOULD BE KEPT IN MIND

Patients in who digoxin toxicity is suspected, those with presence of bradyarrhythmias (heart rate very low) or auricular fibrillation with advanced blockade and in patients that the normal rhythm is of scarce duration and those that fall quickly to auricular fibrillation spite of drug therapy.

Because of illnesses that you already suffer, it could exist circumstances that increase the frequency and severity of risks and complications. To be valued about this, you should notice to your doctor of the possibility of drug allergy, alterations of the clotting, illnesses, current medications or any other circumstance.

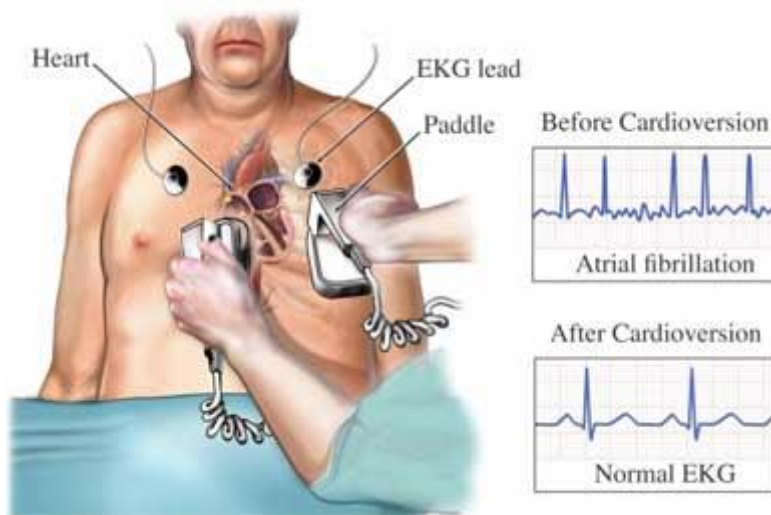
OTHER INFORMATIONS OF INTEREST (to consider for the professional)

OTHER QUESTIONS FOR THOSE THAT WE REQUEST YOUR CONSENT

- Sometimes, during the intervention, accidental discoveries take place. They can force to have to modify the form of to make the intervention and to not use variants of the same one contemplated initially.
- It is sometimes necessary to take biological samples to study their case well. They can be conserved and used later on to carry out investigations related with the illness that you suffer. They were not used directly for commercial ends. If they will be used for other different ends you would be requested the expressed consent later on for it. If he/she doesn't give their consent to be used in investigation, the samples will be destroyed once they stop to be useful to document their case, according to the norms of the center. Anyway, it will be protected the confidentiality appropriately in all moment.
- It can also be necessary to take images, as pictures or videos. They are good to document the case well. They can also be used for educational ends of diffusion of the scientific knowledge. Anyway they will be used if you give their authorization. Their identity will always be preserved in a confidential way.

1.2. EXPLANATORY IMAGES:

In this space they will be able to insert with character explanatory optional images, anatomical outlines, pictograms etc. that they facilitate and allow to explain in a simpler way the information to the patient.



2. INFORMED WRITTEN CONSENT

2.1. DATA OF THE / OF THE PATIENT AND DE THEIR REPRESENTATIVE (ONLY IN CASE OF INABILITY OF THE / OF THE PATIENT)

Patient name&lastname

Document of identity/Passport number

Deputy name&lastname

Document of identity/Passport number



2.2. PROFESSIONALS THAT INTERVENE IN THE PROCESS OF INFORMATION AND/OR CONSENT

Name&lastname	Date	Signature
_____	_____	_____
Name&lastname	Date	Signature
_____	_____	_____
Name&lastname	Date	Signature
_____	_____	_____
Name&lastname	Date	Signature
_____	_____	_____

2.3. CONSENT

I, Mr / Mrs/Miss _____ manifesto that I am according with the intervention that I have been proposed. I have read and understood the previous information. I have been able to ask and to clarify all my doubts. For that reason I have taken conscious and freely the decision of authorizing it. I also know that I can retire my consent when it estimates it opportune.

☐ Yes ☐ No I authorize to that are carried out the opportune performances, including modifications in the form of carrying out the intervention, to avoid the dangers or potential damages for the life or the health that could arise in the course of the intervention.

☐ Yes ☐ No I authorize the conservation and later use of my biological samples directly for related investigation with the illness that I suffer.

☐ Yes ☐ No I authorize that, in case my biological samples will be used in other different investigations, the investigators contact me to request me consent.

☐ Yes ☐ No I authorize the use of images with educational ends or of diffusion of the scientific knowledge.

NOTE: Mark you with a cross.

Córdoba (Spain), month/day...../Year 201__

.....
Physician signature

.....
Patient/deputy signature
(only if patient's inability)



2.4. REJECT OF THE INTERVENTION

I, Mr / Mrs / Miss, I don't authorize to the realization of this intervention. I assume the consequences that of they can be derived for the health or the life.

Córdoba (Spain), month/day...../Year 201__

.....
Physician signature

.....
Patient/deputy signature
(only if patient's inability)

2.5. CONSENT REVOCATION

I, Mr / Mrs / Miss, in a free and conscious way I have decided to retire the consent for performing this intervention. I assume the consequences that of they can be derived for the health or the life.

Córdoba (Spain), month/day...../Year 201__

Physician name

Patient/deputy name

.....
Physician signature

.....
Patient/deputy signature
(only if patient's inability)