



Affix Patient Label

Patient Name:

Date of Birth:

Informed Consent: Hyperbaric Oxygen Therapy (HBOT)

This information is given to you so that you can make an informed decision about having **hyperbaric oxygen therapy (HBOT)**.

Reason and Purpose of the Procedure:

HBO is an important part of some chronic wound and radiation injury treatment plans.

Benefits of this procedure:

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

The combination of high pressure and pure oxygen drives the life-giving oxygen into the bloodstream at a very high level so that it can spread deep into the body tissues to help fight many types of illness.

By increasing the chamber pressure and oxygen intake, oxygen is moved through the membrane of the red blood cells at a much greater rate to flood the bloodstream, tissue and cells.

This combination furthers your body's ability to kill germs and to rebuild damaged tissues. The effects help in many ways, depending on the illness under treatment. Hyperbaric Oxygen Therapy is an additional therapy, used with other treatments.

Risks of Procedure:

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect.

Risks of this procedure:

- **Barotrauma or pain in the ears or sinuses.** You may experience pain in your ears or sinuses. If you are not able to equalize your ears or sinuses, that pressurization will be slowed or halted and suitable remedies will be applied.
- **Cerebral Air Embolism and Pneumothorax.** Whenever there is a rapid change in chamber pressure, there is a possibility of rupture of the lungs with escape of air into the arteries or into the chest cavity outside the lungs. This can only occur if the normal passage of air out of the lungs is blocked during decompression. Only slow decompressions are used in HBO treatments to limit the possibility.
- **Oxygen Toxicity.** The risk of too much oxygen is seizure. This risk will be lowered by never exposing you to greater pressure or longer times than are known to be safe for the body and its organs.
- **Risk of Fire.** With the use of oxygen in any form there is always an increased risk of fire, but strict precautions have been taken to prevent this and all safety codes have been complied with. To decrease this risk you have been informed to leave all personal items outside of the chamber and to change into hospital approved clothing.
- **Worsening of Near-Sightedness (Myopia).** After twenty or more treatments, especially if you are over forty, it is possible you may experience a decrease in your ability to see things far away. This is usually temporary and with most patients, vision returns to its pre-treatment level about six weeks after the end of therapy. You should not try to get a new prescription for your glasses until at least eight weeks have passed after hyperbaric therapy.
- **Maturing or Ripening of Cataracts.** In individuals with cataracts it has occasionally been shown that there may be a maturing or ripening of the cataracts.
- **Improvement in Far-Sightedness (Presbyopia).** After twenty or more treatments, especially if you are over forty, there is a possibility that you may experience an improvement in your ability to see things close by, or to read without reading glasses. This is usually short term and with most patients, vision returns to its pre-treatment level about six weeks after the end of my treatments.
- **Numb Fingers.** A small number of patients sometimes notice a numb feeling in the fourth and fifth fingers of the hand after twenty or more treatments. This should not be a problem and should disappear in about six weeks

following the end of therapy.

- **Serous Otitis.** Fluid in the ears sometimes develops as a result of breathing high concentrations of oxygen. You may occasionally feel like you have a “pillow over your ear”. This feeling will disappear after hyperbaric treatment ends and often decongestants can help. Ear tube placement or ear drainage by an ear, nose and throat physician may become necessary.
- **Fatigue.** Some people may feel tired following hyperbaric treatment, but this is not always a finding.
- **Congestive Heart Failure.** If you have heart disease, heart failure or angina can worsen in the chamber.

Risks associated with smoking:

Smoking is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks specific to you:

Alternative Treatments:

- Do nothing. You can decide not to have the procedure.

If you choose not to have this treatment:

- Your wound or injury may not heal or may become worse.

General Information:

During this procedure, the doctor may need to perform more or different procedures than I agreed to. These may include ear wax removal, wound debridement, IV placement, and blood glucose monitoring.

During the procedure the doctor may need to do more testing or treatment.

Students, technical sales people and other staff may be present during the procedure. My doctor will supervise them.

Pictures and videos may be done during the procedure. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected.



Affix Patient Label

Patient Name: _____ Date of Birth: _____

By signing this form, I agree:

- I have read this form or had it explained to me in words I can understand.
 - I understand its contents.
 - I have had time to speak with the doctor. My questions have been answered.
 - I want to have this procedure: **Hyperbaric oxygen treatment** _____
-
- I understand that my doctor may ask a partner to do the procedure.
 - I understand that other doctors, including medical residents or other staff may help with procedure. The tasks will be based on their skill level. My doctor will supervise them.

Provider: This patient may require a type and screen or type and cross prior to surgery. If so, please obtain consent for blood/products.

Patient Signature: _____ Date: _____ Time: _____

Relationship: Patient Closest relative (relationship) _____ Guardian

Interpreter's Statement: I have interpreted the doctor's explanation of the consent form to the patient, a parent, closest relative or legal guardian.

Interpreter's Signature: _____ ID #: _____ Date: _____ Time: _____

For Provider Use ONLY:

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Provider signature: _____ Date: _____ Time: _____

Teach Back:

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Patient shows understanding by stating in his or her own words:

_____ Reason(s) for the treatment/procedure: _____

_____ Area(s) of the body that will be affected: _____

_____ Benefit(s) of the procedure: _____

_____ Risk(s) of the procedure: _____

_____ Alternative(s) to the procedure: _____

OR

_____ Patient elects not to proceed: _____ Date: _____ Time: _____
(Patient signature)

Validated/Witness: _____ Date: _____ Time: _____