



Informed Consent Exercise Challenge Test

This information is given to you so that you can make an informed decision about you or your child having an **Exercise Challenge Test**.

Reason and Purpose of the Procedure:

An Exercise Challenge Test will help you or your child's doctor learn more about your or your child's breathing problems. The test will be done on an exercise treadmill.

You or your child will be asked to wear a nose clip while walking on a treadmill. We will monitor heart rate, blood pressure and oxygen levels. The exercise intensity will be increased until one reaches 80% of their maximum. We will ask you or your child to continue to exercise for about 10 minutes.

Your or your child's lung function is measured by blowing into a spirometer. This is done before the test and several times after exercising. The test includes an electrocardiogram (ECG) and blood pressure monitoring. Precautions for safety will be taken.

Benefits of this procedure:

You or your child might receive the following benefits. The doctor cannot promise one will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- **Your doctor may understand more about the effect of exercise on your or your child's breathing.**
- **You or your child will be given a bronchodilator to measure breathing volumes response.**

Risks of Exercise Challenge Testing:

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. Professional staff will be present and equipment needed for emergency treatment, if any problems arise.

General risks of having an Exercise Challenge Test:

Risks of the testing procedure are modest. Complications from the test are rare. They include:

- Fainting, falling, irregularities of heartbeat, wheezing and shortness of breath. A treatment may be needed.
- Heart attack or death (less than 1 in 10,000 cases). One may need emergency treatment.
- Physical injury can occur because you or your child are not familiar with the equipment. Proper use of the exercise equipment will be explained before the test. You or your child may need treatment.

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 associated with obesity:

Patient Name:

DOB:

Obesity 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:

Other choices:

- Request a Methacholine Challenge Test
- Do nothing. You can decide not to have the procedure for yourself or child.

If you choose not to have this treatment:

- You or your child may continue to present with symptoms with exercise

By signing this form I agree:

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Adult and Peds Use

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Patient Name: _____

DOB: _____

- 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 Respiratory Therapist. My questions have been answered.
 - I want myself or my child to have this procedure: **Exercise Challenge Test**
- _____.
- Students, technical sales people and other staff may be present during the procedure. My Respiratory Therapist will supervise them.

Patient Signature _____ Date: _____ Time: _____

Relationship: Patient Closest relative (relationship) _____ Guardian

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

Interpreter: _____ Date _____ Time _____

Interpreter (if applicable)

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: _____