

**Informed Consent Methacholine Challenge Test**

This information is given to you so that you can make an informed decision about having **Methacholine Challenge Test**.

Reason and Purpose of the Procedure:

A methacholine challenge test measures a patient's level of lung irritation. You will first inhale a cool saline (water) mist through your mouth followed by a mist that contains different amounts of medicine called methacholine. A device called a nebulizer produces the mist.

Before the test begins and after each inhalation, you will blow into a device called a spirometer. It measures how much air you can blow out and how fast. This shows how much methacholine irritates your lungs. The test takes about 60 minutes. The results can help your doctor decide which treatments may work best for you.

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.

- **Your doctor will learn more about your lung function in order provide the best treatment plan.**

Risks of Methacholine 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 are present. Equipment is available for emergency treatment, if there are problems.

General risks of having Methacholine Challenge Test:

Risks of the procedure are mild. Complications from the test are rare. They do include the following:

- Mild shortness of breath, cough, chest tightness, wheezing, chest soreness.
- Headache.
- If symptoms occur, they usually last only a few minutes.
- Medicines may be needed to help with these symptoms.
- Severe lung irritation may occur (narrowing of airways). More treatment and medicines may be needed.

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:

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

Patient Name:

DOB:

Risks specific to you:

Alternative Treatments:

Other choices:

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

If you choose not to have this treatment:

- You may continue to have symptoms

General Information

Students, technical sales people and other staff may be present during the procedure. A physician or licensed respiratory therapist will supervise them.

Patient Name: _____

DOB: _____

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: **Methacholine Challenge**
_____.
- I understand that my doctor may ask a respiratory therapist to complete this test.
- I understand that other doctors, including medical residents, or other staff may help with this procedure. The tasks will be based on their skill level. My doctor or licensed 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: _____