

**病人接受麻醉同意書**  
**CONSENT FOR ANAESTHESIA**

\*\*\* 應與「接受手術 / 介入性醫療程序同意書」同閱\*\*\*

\*\*\* To be read in conjunction with "Consent for Surgical / Invasive Procedure"\*\*\*

(1)(A) 本人 \_\_\_\_\_ \*身份證號碼 / 護照號碼 \_\_\_\_\_ 在此同意  
I, \_\_\_\_\_ \*H.K.I.D. No. / Passport No. \_\_\_\_\_, hereby voluntarily  
(病人姓名 Name of Patient in BLOCK LETTER)  
接受以下列(2)所選之麻醉方式進行 \_\_\_\_\_ 手術/ 程序。  
give my consent to the administration of the forms of anaesthesia as listed in (2) for the Procedure of \_\_\_\_\_.

或 OR

(1)(B) 本人 \_\_\_\_\_ \*身份證號碼 / 護照號碼 \_\_\_\_\_ 為病人  
I, \_\_\_\_\_ \*H.K.I.D. No. / Passport No. \_\_\_\_\_ am Patient  
(簽署人姓名 Name of Signatory in BLOCK LETTER)  
\_\_\_\_\_ 的父親 / 母親 / 監護人，在此代表病人同意接受  
\_\_\_\_\_ 's \*father / mother / guardian, hereby voluntarily give my consent for the Patient  
(病人姓名 Name of Patient in BLOCK LETTER)  
以下列(2)所選之麻醉方式進行 \_\_\_\_\_ 手術/ 程序。  
to the administration of the forms of anaesthesia as listed in (2) for the Procedure of \_\_\_\_\_.

- (2) 麻醉類別 Type of anaesthesia:
- 全身麻醉 General Anaesthesia
  - 監測麻醉 Monitored Anaesthetic Care
  - 靜脈注射鎮靜劑 Intravenous Sedation
  - 局部麻醉 Local Anaesthesia / 表面麻醉 Topical Anaesthesia
  - 區域麻醉 Regional Anaesthesia (\*脊髓 Spinal / 硬膜外 Epidural / \_\_\_\_\_ 麻醉 Anaesthesia)
  - 以上可能之組合 Possible combination of the above
  - 其他 Others: \_\_\_\_\_

(3) 本人確認在簽署此同意書前，已獲得有關麻醉之風險及併發症之資料：  
I acknowledge that, before signing the consent form, I have been fully informed about the possible risks / complications associated with anaesthesia:

(a) 一般風險及併發症 General risks / complications

- ◆ 常見之輕微併發症包括但不限於噁心及嘔吐、一般疼痛、顫抖、頭痛、頭暈、手術後及注射部位之疼痛、喉嚨的疼痛

Minor problems are common, including but not limited to nausea and vomiting, general aches and pains, shivering, headache, dizziness, post operative pain and pain at injection sites, and sore throat.

- ◆ 因麻醉而導致之嚴重併發症並不常見。有關併發症包括但不限於呼吸困難、因中風或腦部受損而引起的永久性傷殘、心臟受壓而引起的心臟病、藥物性過敏反應、全身麻醉情況下仍保持清醒、牙齒及口唇受損

Serious complications from anaesthesia are uncommon, including but not limited to breathing difficulties, stroke or brain damage leading to permanent disability, strain on the heart resulting in heart attack, anaphylactic drug reactions, awareness whilst under general anaesthesia and damage to teeth & lips.

- ◆ 個別嚴重併發症可導致死亡

Some of these serious complications can be fatal.

(b) 針對個別病人之風險 Any risks relevant to the patient

- ◆ 風險會因下列之病人個別情況而提升 Risks may be increased due to co-existing problems such as: 糖尿病、高血壓、心臟病、腎病、呼吸系統疾病(包括哮喘)、感冒、吸煙、過重、年老  
Diabetes, high blood pressure, heart disease, kidney disease, respiratory disease including asthma, common cold or influenza, smoking, overweight and elderly.

(c) **區域 / 脊髓 / 局部 / 硬膜外麻醉之風險 / 併發症並不常見，有關併發症包括**  
**Specific risks / complications associated with regional / spinal / local / epidural anaesthesia are uncommon. They include**

- ◆ 麻醉 / 局部麻醉未能發揮作用，而需要額外麻醉  
Block may not work or work only partially, requiring supplementary anaesthesia
- ◆ 麻醉過廣而需要血循環及呼吸輔助  
Block may be too extensive requiring cardiovascular and respiratory support
- ◆ 脊髓或硬膜外麻醉後之頭痛 Headache after spinal or epidural anaesthesia
- ◆ 注射部位疼痛、出血或感染 Pain, bleeding or infection at site of injection
- ◆ 脊髓、鄰近神經、血管或器官之損傷 Damage to spinal cord, adjacent nerves, blood vessels or organs
- ◆ 截癱 Paraplegia / 癱瘓 Paralysis.

(4) 本人確認在簽署此同意書前，已明白此文件不能徹底列出所有併發症 / 風險，其他不常見之併發症可能並未包括在內。

I acknowledge that, before signing this consent form, I have been fully informed that the quoted complications / risks of anaesthesia are not exhaustive. Rare complications may not be listed.

(5) 本人明白如有需要，除以下簽署的醫生外，可能需要其他醫生參與施行麻醉程序。

I understand that by necessity, medical practitioners other than the undersigned Doctor may assist in conducting the anaesthesia.

(6) 本人確認收到有關是項麻醉程序的資料單張(附頁)，並已閱讀及完全明白其內容 (  是 /  否 )

I confirm that I have been provided with an information leaflet on anaesthesia (copy attached), and that I have reviewed the same, and that I fully understand the contents. (  Yes /  No ) Leaflet 單張 \_\_\_\_\_

\*病人 / 父母 / 監護人簽署  
Signature of \* Patient / Parent / Guardian: \_\_\_\_\_ 日期 Date: \_\_\_\_\_

見證人簽署 (證明\*病人 / 父母 / 監護人簽署) 姓名 日期  
Signature of Witness of \* Patient / Parent: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_  
/ Guardian's signature (請用正楷填寫 Name in BLOCK LETTER)

**醫生聲明：本人已向上述簽署者解釋是項麻醉程序的性質、風險及效益，並已解答其提出的有關問題。據本人所理解，上述簽署者已獲得充分的資料及已簽妥同意書，而這些資料亦已記錄在病人的病歷內。**  
**DOCTOR'S DECLARATION: I have explained the nature, risks and benefits of anaesthesia to the above signatory and have answered the above signatory's questions. To the best of my knowledge, the above signatory has been adequately informed and has consented, and the details as such had been documented in the Patient's clinical record.**

負責麻醉之醫生(1)簽署 Signature of Doctor (1)  
responsible for the anaesthesia  
醫生姓名 Name of Doctor: \_\_\_\_\_  
日期 Date: \_\_\_\_\_

負責麻醉之醫生(2)簽署 Signature of Doctor (2)  
responsible for the anaesthesia  
醫生姓名 Name of Doctor: \_\_\_\_\_  
日期 Date: \_\_\_\_\_

由翻譯員填寫 (如適用) :

To be completed by Interpreter (if applicable):

本人 已如實地及清楚地  
I \_\_\_\_\_ certify that I have truly, distinctly and audibly interpreted the  
翻譯員姓名(Name of Interpreter in BLOCK LETTER)

將此同意書的內容以 向簽署人翻譯。  
contents of this document into \_\_\_\_\_ to the \*Patient/Parent/Guardian.

( 語言或方言 insert language or dialect )

翻譯員簽署 日期  
Signature of Interpreter: \_\_\_\_\_ Date: \_\_\_\_\_

\* 請刪除不適用句子 Delete if inappropriate.