

PATIENT'S INFORMATION
(Please Stick Label)

CONSENT FOR HOME INOTROPE THERAPY PROGRAM

Objective and Benefit

1. The objective of home-based continuous positive inotrope therapy aims to improve patient's symptoms, stabilise blood pressure, reduce heart failure hospitalization and improve quality of life.
2. Improved lifestyle and ability to travel.
3. Reduce time spent in hospital, clinic or emergency room and associated costs.
4. Home-based continuous positive intravenous inotrope therapy can be used as a bridge to heart transplantation at the outpatient setting or as a palliative therapy for patients who have advanced heart failure.

Patient Responsibilities

1. I will return to Institut Jantung Negara (IJN) for medical evaluation and collection of medication supply on the recommended schedule for adequate medical supervision and follow up care.
2. I am aware of the importance of compliance to the recommended dose of inotrope as instructed. I agree to keep infusion, blood pressure and heart rate logs and review these with IJN medical staff on a regular basis.
3. I will dispose of all contaminated infusion materials in containers specifically designed for medical waste. I will make necessary arrangements with IJN for proper disposal.
4. I am aware that continuous infusion via an electronic infusion pump and syringe driver is the only method of administration. The expired diluted infusion should be discarded if not used. The infusion must not be interrupted for any reason (e.g. showering) unless instructed to do so by doctor.

I understand the following risks/complications may occur

1. Risks of prescribed solution
 - a. Sudden surge of blood pressure and heart rate
 - b. Abnormal heart rhythm and palpitation
 - c. Nausea, vomiting, altered taste sensations, chest pain, shortness of breath, urinary urgency, headache and fatigue
 - d. Risks of allergic reaction, includes skin rash, itchiness, swelling of face and shortness of breath, cardiac arrest and death (rare)
2. Risks of improper handling of infusion materials could result in:
 - a. Infection
 - b. Damage to blood vessel
3. Risks of intravenous catheter
 - a. pain and bleeding at the injection site
 - b. Infection and dislodgement of intravenous catheter

Effective Date: 14 January 2020

My doctor has explained these risks to me as well as other options for treatment including receiving no treatment and the probable outcomes and I have had the opportunity to have all of my questions answered.

I understand that:

1. The procedure involves inserting a catheter into a blood vessel and injecting the prescribed solution.
2. The goal of home inotrope therapy program is to gain increased independence and I will be an active participant in this program
3. The time to achieve independence often varies and specific short- and long-term goals has been discussed with me upon entry into the program.
4. I have the right to remove myself from this program at any time.

I hereby agree to follow any recommendations given by IJN and follow-up visits, so that I may participate in a medically supervised home inotrope therapy program. I hereby further confirm that the above has been explained to me by IJN in a language that I understand, and I confirm that I fully understand the nature and consequence of my consent and I sign on this form without any reservation whatsoever. Having fully understood and considered the above information, I hereby consent and agree to participate in the Home Inotrope Therapy Program.

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Patient's Signature

Patient's Name:

NRIC :

Date :

.....
Witness's Signature

Witness's Name:

NRIC :

Date :

.....
Doctor's Signature

Doctor's Name:

Date :