

INFORMED CONSENT OF THE PATIENT WITH THE PROCEDURE

(becomes a part of documentation)

<i>Name, surname of the patient</i>		<i>Date of birth:</i>
<i>Physician responsible for the instruction of the patient:</i>		
<i>Workplace/department:</i>		

<i>Instruction of the patient about the procedure:</i>	Oxygen therapy (oxygen therapy)
<i>Purpose of performing the procedure /indication/:</i>	Oxygen therapy (therapy with oxygen) is provided to patients in the postsurgical care, in a period of hospitalization at the intensive care unit or standard department or in the course of some of the diagnostic or therapeutic actions. The meaning of this is to increase supply of oxygen for the organism, as a necessary part of metabolism in the organism. Administration of oxygen allows to get over a critical period or accelerates recovery.
<i>Course of the procedure:</i>	If need be moistened oxygen is administered to the patient using an oxygen mask (attached to the mouth and nose) or O ₂ specs (attached to the nostrils). Amount and period of administered oxygen is determined by the physician.
<i>Possible complications /limitations/:</i>	Possible complications and risks are associated with the character of gas, its explosiveness, flammability, especially near to open fire or fat substances.
<i>Instruction about safety precautions:</i>	<p>The patient is instructed about main safety principles and agrees that:</p> <ul style="list-style-type: none"> - he will not manipulate with fire at the sites of oxygen distribution, - during hospitalization at the intensive care unit, at the postsurgical unit or at the site, where oxygen distribution is present, he will not have any source of fire with him - he will not provide the source of fire to other patients coming in contact with oxygen distribution or patients, who are administered oxygen, - he will not manipulate with oxygen sources (valves, oxygen bombs), - don't use any creams, lotions or other petroleum based products to your skin (hands, face) during the oxygen therapy.

<i>Expression of the consent of the patient with the medical procedure:</i>	I, the patient (legal representative) declare that I was informed in a clear and for me understandable form about therapeutic management. I declare that I understood to all information, I was informed about management and also complications of the procedure. I could also ask questions and discuss with the patient about this problematic. I agree with provision of oxygen therapy and also with adherence to safety principles during the procedure.
<i>Date:</i>	
<i>Signature of the patient /legal representative/:</i>	
<i>Signature of the physician:</i>	