

外科手术或其他侵入性手术治疗同意书

CONSENT FOR SURGERY OR OTHER INVASIVE PROCEDURAL TREATMENT (SIMPLIFIED CHINESE)

1. 手术：本人 _____ [患者姓名]， 同意接受以下手术：
PROCEDURE: I _____ [Patient's name], give consent to the following procedure(s):

我的医生或高级执业临床医生 (Advanced Practice Clinician, APC) 已向我说明此手术的内容。我了解此过程中可能需要镇静或麻醉。我了解我在医疗护理中有权利与责任做出决策。我已接收到关于护理与治疗的其他信息。我在完全自愿的情况下做出决定。
My doctor or advanced practice clinician (APC) told me what will happen during my procedure. I know that I may need sedation or be put asleep. I understand my rights and responsibilities to make decisions about my care. I have received other teaching about my care and treatment. I am making my decision of my own free will.

2. 敏感性检查：_____ (患者姓名首字母缩写，必填) 我同意进行仅用于教学或培训目的的敏感性检查或程序，这些检查或程序并非医疗方案所必须。我的医生或 APC 已与我讨论上述检查或程序。

SENSITIVE EXAMS: _____ (Patient initials required) I consent to sensitive exams or procedures that are ONLY for teaching or training purposes and not medically needed for my care. My doctor or advanced practice clinician (APC) has discussed these exams or procedures with me as written above.

3. 风险：我的医生或 APC 已向我解释此项手术的风险。如果发生此类风险，我可能需要其他接受治疗或护理。我了解任何手术都有风险。风险包括但不限于：中风、设备故障、感染、神经损伤、血栓、心脏病发作、过敏反应、呼吸衰竭、肾衰竭、出血或大量失血等。这些风险可能会造成严重后果，甚至可能致命。我了解并接受此类风险。在手术前，医生会告知我镇静的风险和副作用。我可能需要在术前签署麻醉或镇静同意书。

RISKS: My doctor or APC explained the risks of this procedure. If these risks happen, I may need other care/treatment. I understand there are common risks with any procedure. These risks may include but are not limited to: stroke, device failure, infection, nerve damage, blood clots, heart attack, allergic reactions, breathing failure, kidney failure, bleeding, and severe blood loss. These risks can be serious and may be fatal. I understand and accept these risks. Before my procedure, I will be told of the risks and side effects of sedation. I may be asked to sign a consent for anesthesia or sedation before my procedure.

4. 其他治疗方案：我的医生或 APC 已向我说明其他治疗方案。他们也向我告知了如果不进行此项手术可能会发生的情况。鉴于此，我同意进行上述手术。

ALTERNATIVES: My doctor or APC discussed with me other treatment options. They informed me what may happen if I do not have the procedure. Knowing this, I consent to the procedure listed above.

5. 好处：我的医生或 APC 已向我告知此项手术可能带来的好处。我了解治疗结果无法保证，并且每位患者的情况有所不同。

BENEFITS: My doctor or APC told me of the benefits I may get from this procedure. I understand that results are not guaranteed and that each patient is different.

6. 护理团队：我同意由我的医生或 APC _____ [医生/APC 名称] 为我进行此项手术。我了解此项手术将由麻醉科医生或 APC、护士、技术人员、医疗设备专家以及手术团队在内的护理团队协助完成。手术团队可能包括其他外科医生、APC、住院医生、研究员、医学生、其他学生等。我同意上述团队成员根据医生或 APC 的指示执行部分手术或进行检查。

CARE TEAM: I give consent to my doctor or APC, _____ [doctor/APC name], to perform this procedure on me. I know that they will be helped by a care team including anesthesia doctors or APCs, nurses, techs, medical device experts, and a surgical team. The surgical team may have other surgeons, APCs, residents, fellows, medical or other students, and others. I give consent for these team members to perform parts of the procedure or exams as directed by my doctor or APC.

7. 医生/APC 到场情况：我的医生/APC 或其他资质完备的医生/APC 将在手术期间的大部分时间内（包括在执行关键和重要步骤的过程中）在场。在完成关键和重要步骤后，他们可能会离开手术室。如果他们离开，将由我的医生/APC 或其他资质完备的医生/APC 提供协助或监督。

DOCTOR/APC IN OPERATING ROOM: My doctor/APC or another qualified doctor/APC will be in the room for most of my procedure, including key and critical parts. After those parts are done, they may leave the room. If they leave the room, they or another qualified doctor/APC will be available to assist with or supervise my procedure.

8. 观察员：我的医生或 APC 可能允许其他人旁观我的手术过程。这些观察员不属于医疗团队，且不会参与我的手术。

OBSERVERS: My doctor or APC may let others watch my procedure. Those watching are not part of the care team and will not take part in my procedure.

9. 输血：我的医生或 APC 已向我说明此项手术可能需要输血。

BLOOD TRANSFUSION: My doctor or APC described the potential need for blood products related to this procedure.

执业医师：请勾选以下一项。根据患者同意或拒绝输血，填写相应表格。

Practitioner: Please check one option below. To show patient consents or refuses blood products, complete the correct form.

- 预计此项手术不需要输血。未进行输血前检测（血型及筛查）。紧急情况下，默认同意进行检测与输血。无需其他表单。
Blood products are **not expected** to be needed for this procedure. No pre-transfusion testing (Type and Screen) is being done. In an emergency, there is implied consent for testing and transfusion. No other forms are needed.
- 可能需要输血。建议进行术前输血检测（血型筛检）。要以文件形式记录输血同意书，请使用表格#397073 - 输血知情同意书。
Blood products **may be needed**. Pre-transfusion testing (Type and Screen) is recommended. To document consent for transfusion use form #397073 - **Informed Consent for Blood Transfusion**.
- 患者拒绝输血，即使输血可能挽救生命。要以文件形式记录输血拒绝书，请遵循适用的**临床标准 (Clinical Standard)**：《无血计划：成年人》(Bloodless Program: Adult) 或《无血计划：新生儿、儿科和成人家属》(Bloodless Program: Neonatal, Pediatric, and Adult Dependent)。 / The patient **DOES NOT** consent for blood products, even when transfusion may save their life. To document refusal of blood products please follow the applicable *Clinical Standard: Bloodless Program: Adult or Bloodless Program: Neonatal, Pediatric, and Adult Dependent*.

10. 病理：我接受任何样本（如组织、血液、体液等）将被用于检查、丢弃或存储以供未来学习或研究使用。任何用于研究的样本将经伦理审查委员会审核。我了解从我体内取出的组织或其他物品将不会归还给我。如我要求归还组织或物品，将视个案情况审核处理。
PATHOLOGY: I accept that any samples, such as tissue, blood, body fluids, etc. will be looked at, thrown away, or stored for future use in studies or research. Any research samples used will be reviewed by a review board. I understand that my tissues or other items taken out of my body will not be given back to me. If I ask for tissue or items to be given back to me, this will be reviewed on a case-by-case basis.

11. 影像记录：我了解在我的治疗过程中，所制作的影像记录可能会用于临床教学或相关出版物。如作此用途，我的数据将经过编辑以确保我的身份不被辨识。影像记录不会在未经我同意的情况下用于其他目的。
VIDEO or PHOTO RECORD: I understand video or photo records made as part of my care may be useful for clinical teaching or publications. If used in this way, I understand that my records will be edited so others will not know who I am. Video or photo records will not be used for any other purpose unless I consent.

_____(患者首字母缩写) 我不同意以隐去个人信息的方式将我的影像纪录用于临床教育或出版物。
(Patient's initials) I **DO NOT** consent for de-identified video or photo records involving me be used for clinical education or publications.

我已了解此项手术的风险、好处及其他治疗方案。我的所有问题已获解答。在下方签名即表示我同意进行此项手术
I understand the risks, benefits, and alternatives for this procedure. Any questions I had about this procedure were answered. By signing below, I consent to this procedure.

签名（患者或法定代理人） 印刷体书写姓名 / Print Name 日期 / Date 时间 / Time
Signature (Patient or Legal Representative)

是 - 口译人员参与了同意书的签署过程。
Yes - Interpreter was used during consent process.

关系（如果签署人不是患者本人）
Relationship (If other than Patient)

医生/APC 声明：我已向患者/法定代理人解释本表单内容，并回答了其所有问题。我相信患者已充分知情并同意进行此项手术。 / **DOCTOR/APC STATEMENT:** I have explained this form to the patient/legal representative and have answered all their questions. I believe this patient has been adequately informed and has consented.

医生/APC 签名 / Doctor/APC Signature 印刷体书写姓名 / Print Name 日期 / Date 时间 / Time

同意书更新

验证：若患者签署同意书的日期早于手术日期超过 90 天，则需重新进行验证。

Consent Update

Validation of Patient's consent if patient's signature date is greater than 90 days prior to the procedure date.

执业医师
首字母签名 _____
Practitioner initials

日期 _____
Date

时间 _____
Time

PATIENT LABEL



SEATTLE, WASHINGTON

Form 396230-CHINESE-SIMPLIFIED



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