

手術或其他侵入性程序治療同意書

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

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

我的醫生或高級執業臨床醫生 (Advanced Practice Clinician, APC) 已向我說明此手術的內容。我瞭解此過程中可能需要鎮靜或麻醉。我瞭解我在醫療護理中有權利與責任做出決策。我已接收到關於護理與治療的其他資訊。我在完全自願的情況下做出決定。

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. 敏感性檢查：_____ (患者姓名首字母縮寫，必填) 我同意進行僅用於教學或訓練目的的敏感性檢查或程序，這些檢查或程序並非出於我的醫療需求。我的醫生或 APC 已與我討論上述檢查或程序。

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. 風險：我的醫生或 APC 已向我解釋此手術的風險。如果發生此類風險，我可能需要其他治療或護理。我瞭解任何手術都有風險。風險包括但不限於：中風、設備故障、感染、神經損傷、血栓、心臟病發作、過敏反應、呼吸衰竭、腎衰竭、出血或大量失血等。這些風險可能會造成嚴重後果，甚至可能致命。我瞭解並接受此類風險。在手術前，醫生會告知我鎮靜的風險和副作用。我可能需要在手術前簽署麻醉或鎮靜同意書。

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. 其他治療方案：我的醫生或 APC 已向我說明其他治療方案。他們也向我告知了如果不進行此項手術可能會發生的情況。鑑於此，我同意進行上述手術。

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. 好處：我的醫生或 APC 已向我告知此項手術可能帶來的好處。我瞭解治療結果無法保證，並且每位患者的情況有所不同。

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. 護理團隊：我同意由我的醫生或 APC _____ [醫生/APC 名稱] 為我進行此項手術。我瞭解此項手術將由麻醉科醫生或 APC、護士、技術人員、醫療設備專家以及手術團隊在內的護理團隊協助完成。手術團隊可能包括其他外科醫生、APC、住院醫生、研究員、醫學生、其他學生等。我同意上述團隊成員根據醫生或 APC 的指示執行部分手術或進行檢查。

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. 醫生/APC 到場情況：我的醫生/APC 或其他資質完備的醫生/APC 將在手術期間的大部分時間內（包括在執行關鍵和重要步驟的過程中）在場。在完成關鍵和重要步驟後，他們可能會離開手術室。如他們離開，將由我的醫生/APC 或其他資質完備的醫生/APC 提供支援或監督。

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. 觀察員：我的醫生或 APC 可能允許其他人旁觀我的手術過程。這些觀察員不屬於醫療團隊，且不會參與我的手術。

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. 輸血：我的醫生或 APC 已向我說明此項手術可能需要輸血。

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

執業醫生：請勾選以下一項。根據患者同意或拒絕輸血，填寫相應表格。

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

- 預計此項手術不需要輸血。不進行術前輸血檢測（血型篩檢）。緊急情況下，默認同意進行檢測與輸血。無需其他表單。
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.
- 可能需要輸血。建議進行術前輸血檢測（血型篩檢）。若需記錄輸血同意，請使用表格 #397073 - 輸血知情同意書。
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**.
- 患者拒絕輸血，即使輸血可能挽救生命。若需記錄拒絕輸血，請參照相關臨床標準 (Clinical Standard)：《無輸血計畫：成人》(Bloodless Program: Adult) 或《無輸血計畫：新生兒、兒童與成人家屬》(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. 病理檢查：我接受任何試樣（如組織、血液、體液等）將被用於檢查、丟棄或存儲以供未來學習或研究使用。任何用於研究的樣本將經倫理審查委員會審核。我瞭解從我體內取出的組織或其他物品將不會歸還給我。如我要求歸還組織或物品，將視個案情況審核處理。
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. 影像記錄：我瞭解在我的治療過程中，所製作的影像記錄可能會用於臨床教學或相關出版物。若作此用途，我的資料將經過編輯以確保我的身份不被辨識。影像記錄不會在未經我同意的情況下用於其他目的。
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.

_____ (患者首字母縮寫) 我不同意以去識別化方式將我的影像記錄用於臨床教育或出版物。
(Patient's initials) I **DO NOT** consent for de-identified video or photo records involving me be used for clinical education or publications.

我已瞭解此項手術的風險、好處及其他治療方案。我的所有問題已獲解答。在下方簽名即表示我同意進行此項手術

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.

簽名 (患者或法定代理人)
Signature (Patient or Legal Representative)

印刷體書寫姓名 / Print Name 日期 / Date 時間 / Time

是 - 口譯人員參與了同意書的簽署過程。
Yes - Interpreter was used during consent process.

關係 (如簽署人不是患者本人)
Relationship (If other than Patient)

醫生/APC 聲明：我已向患者/法定代理人解釋本表單內容，並回答了其所有問題。我相信患者已充分知情並同意進行此項手術。

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.

醫生/APC 簽名 / Doctor/APC Signature

印刷體書寫姓名 / Print Name 日期 / 時間 / Time
Date

同意書更新

驗證：若患者簽署同意書的日期早於手術日期超過 90 天，則需重新進行驗證。

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

執業醫生
首字母簽名 _____
Practitioner initials

日期 _____
Date

時間 _____
Time

PATIENT LABEL



SEATTLE, WASHINGTON



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