

MEDICAL RECORD

**REQUEST FOR ADMINISTRATION OF ANESTHESIA
AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES**

A. IDENTIFICATION

1a. (Place 'Y' for YES, 'N' for NO in all applicable boxes)

Y	OPERATION OR PROCEDURE		SEDATION
	ANESTHESIA	N	TRANSFUSION

1b. DESCRIBE

Anatomical Location: N/A
Biopsy of the Endometrium (the lining of the uterus)
Transfusion not expected

B. STATEMENT OF REQUEST

2. The nature and purpose of the operation or procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand the nature of the operation or procedure to be (describe operation or procedure in layman's language). **See attached Procedure Detail Sheet**

Which is to be performed by or under the direction of Dr., other staff and Resident team.

3. I request the performance of the above-named operation or procedure and of such additional operations or procedures as are found to be necessary or desirable, in the judgment of the professional staff of the below-named medical facility, during the course of the above-named operation or procedure.
4. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of the below-named medical facility.
5. Exceptions to surgery or anesthesia, if any are: None (If "none", so state)
6. I request the disposal by authorities of the below-named medical facility of any tissues or parts which may be necessary to remove.
7. I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions: **Yes**
- The name of the patient and his/her family is not used to identify said pictures.
 - Said pictures be used only for purposes for medical/dental study or research.
8. I understand that as indicated a Health Care Industry Representatives or other authorized personnel may be present.

C. SIGNATURES

(Appropriate items in parts A and B must be completed before signing)

9. COUNSELING PHYSICIAN/DENTIST: I have counseled this patient as to the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above. I have also discussed potential problems related to recuperation, possible results of non-treatment, and significant alternative therapies.

(Signature of Counseling Physician/Dentist)

10. PATIENT: I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed:

(Signature of Witness, excluding members of operating team)

(Signature of Patient)

(Date and Time)

11. SPONSOR OR GUARDIAN: (When patient is a minor or unable to give consent) _____

sponsor/guardian of _____ understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Witness, excluding members of operating team)

(Signature of Sponsor or Guardian)

(Date and Time)

**REQUEST FOR ADMINISTRATION OF ANESTHESIA
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OPTIONAL FORM 522 (REV. 7/2008)

Prescribed by GSA/ICMR FMR (41 CFR) 102-194.30(i)
DoD Exception to OF 522 approved by GSA

DETAILS OF PROCEDURE/TREATMENT**(Descriptive information about the specific procedure(s)/treatment(s) being performed)****Procedure/Treatment Description**

This procedure involves taking a biopsy from your endometrium. A biopsy is the removal of a sample of tissue for testing. The endometrium is the lining of your uterus. Your uterus is your womb. This is where the baby grows during pregnancy.

Your doctor will insert a speculum into your vagina. This is used to keep the vagina open. Your doctor may inject a medicine into your cervix to numb it. The cervix is the lower, narrow end of the uterus that opens into the vagina. You may also be given a medicine to help you relax.

Your doctor may first stretch the opening of your cervix. This may be done by applying a medicine or inserting small thin rods into the opening of the cervix. The rods are called dilators. Once the cervix is open, your doctor can pass tools through your cervix into your uterus. These tools may include a thin tube for suctioning or a tool for scraping or brushing. Your doctor may also wash the lining of your uterus with fluid to get a sample. You may feel some cramping when your doctor takes the biopsy. Your doctor may remove one or more pieces of tissue. Your doctor will remove all instruments at the end of the procedure. During the procedure, your doctor may look at tissue sample(s) under a microscope. Samples will be sent to a laboratory for testing.

Diagnosis

To test the lining of the uterus.

Benefits of treatment(s) or procedure(s)

This procedure may tell you and your doctor what is wrong. This information will allow you and your doctor to plan appropriate treatment.

Reasonable risk / complications of surgical treatment(s) or procedure(s)

- * Cramping, bleeding, or spotting.
- * Pain or discomfort.
- * You may have cancer, but this procedure may not find it.
- * You may have problems, diseases or abnormalities but this test may not find them.
- * You may need additional tests or treatment.
- * Your doctor may not be able to make a proper diagnosis.
- * Cancer may have spread. This may require additional treatment now or later.
- * Infection.
- * Reaction to local anesthesia or other medicines given during or after the procedure.
- * Sepsis, a dangerous infection of the blood or other tissues.
- * Damage to the cervix or nearby structures. This may be discovered during the procedure, or later.
- * Damage to the intestines or nearby structures. This may be discovered during the procedure, or later.
- * Damage to the uterus or nearby structures. This may be discovered during the procedure, or later.
- * Uterine perforation. This is when a hole or tear is made in the uterus.

Additional Risks Discussed (if applicable):**Alternatives to surgical treatment(s) procedures(s)**

- * Watching and waiting with your doctor.
- * Other surgical and/or imaging procedures to find out the source of your symptoms.
- * You may choose not to have any treatment.

Prognosis if not treatment is received

If you choose not to have this procedure, your doctor may not be able to find out what is wrong. Without this information, you may not receive appropriate treatment. If you have cancer, it may grow or spread. Spread of cancer may lead to death.

Blood Transfusion (if applicable): Transfusion not expected

Name of Interpreter (if applicable):

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DoD Exception to OF 522 approved by GSA

Procedural Time-Out (Universal Protocol checklist)

Procedure(s) to be performed is: ENDOMETRIAL BIOPSY

1. Preoperative Verification Process, required for all procedures. (Check the appropriate blocks – either performed (Yes), or not applicable/required (N/A))

a. Patient/parent/legal guardian verbally states 2 identifiers (e.g. name/SSN/birth date)	<u>Yes</u>	(required for all procedures)
b. Correct name on chart/record/consent/radiographs	<u>Yes</u>	(required for all procedures)
c. Consent verified for planned procedure completed accurately and signed	<u>Yes</u>	(required for all procedures)
d. H&P within 30 days and updated within the 24 hours prior to procedure	<u>Yes</u>	<u>N/A</u>
e. Patient allergies	<u>NKDA</u>	<u>Reviewed and Confirmed</u>
f. Required blood products/implants/devices/graft material/studies/special equipment	<u>Yes</u>	N/A

2. Site Marking: (Check "Yes", or "N/A" if marking is not required)

a. Patient/parent/legal guardian verbalizes and points to location of surgery	<u>Yes</u>	N/A	
b. Correct surgical procedure and surgical site marked	<u>Yes</u>	N/A	Unable to Mark

3. Surgical Pause "Time Out" - Immediately before starting procedure

a. Correct patient identity verbally verified by staff – use 2 pt identifiers (e.g.(name/SSN/birth date)	<u>Yes</u>	(required for all procedures)
b. Correct side, and site and level marked	<u>Yes</u>	N/A
c. Any required blood products, implants, devices and/or special equipment is available	<u>Yes</u>	N/A
d. Correct patient position	<u>Yes</u>	N/A
e. Labeled diagnostic and radiology images displayed	<u>Yes</u>	<u>N/A</u>
f. Antibiotic administered	<u>Yes</u>	<u>N/A</u>
g. Mark is visible after drape – make incision <u>only</u> if initials are visible and correct Or provider has specified "Unable to Mark" above	<u>Yes</u>	N/A
h. All members of the procedure team are in agreement on procedure to be performed or a patient safety Time-Out is called (see table below)	<u>Yes</u>	N/A

<ul style="list-style-type: none"> Site is confirmed with patient but unable to mark: Patient refuses marking Premature infant Technically/anatomically not able to be marked Single midline organ Site not predetermined – interventional procedures, spinal analgesia, etc. Teeth <ul style="list-style-type: none"> Review the dental record including the medical history, laboratory findings, appropriate charts, and dental radiographs. Indicate the tooth number(s) or mark the tooth site or surgical site on the diagram of teeth or radiograph to be included as part of the patient record. Correct site verified 2nd time following single tooth isolation 	# Critical Steps Reviewed: <ul style="list-style-type: none"> Surgeon Review <ul style="list-style-type: none"> Critical or unexpected steps Operative duration Anticipated blood loss Anesthesia Review <ul style="list-style-type: none"> Previous issues with anesthesia or peri-operative bleeding Airway status Any patient-specific concerns FSBG or b-HCG Nursing Review <ul style="list-style-type: none"> Sterility confirmation (including indicator results) Equipment issues or any concerns
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Verified by: _____ Date & Time: _____

Exception to time-out documentation above: By checking this block, I certify that I have performed and documented the required time-out procedures, as described above, in another document or format. (This includes either a written or electronic pre-operative nursing form, procedure note, or clinical / progress note, which is readily available for verification.)

Provider / Assistant signature: _____ Date & Time: _____

Register No.

Clinic/Ward No.

PATIENT'S INFORMATION: (For typed or written entries give:
Name – Last, First MI, grade, rank, rate, SSN, DOB, and hospital or medical facility)