

טופס הסכמה : היפוך חשמלי של קצב הלב  
**CONSENT FORM : ELECTRICAL CARDIOVERSION**

The treatment is carried out in cases of disturbances of the heart rhythm.  
For purposes of the conversion, bands or plasters are attached to the chest through which an electrical current is passed with the power to regulate the heart rhythm.  
The treatment is carried out after the injection of a sedative into a vein.

Name of Patient: \_\_\_\_\_  
Last Name First Name Father's Name ID No.

I hereby declare and confirm that I received a detailed verbal explanation from:

Dr. \_\_\_\_\_  
Last Name First Name

regarding the need for the performance of **electrical cardioversion** (hereafter " the primary treatment").

It has been explained to me that in most cases the cardioversion is successful and the heart rhythm reverts to being regular, but there is the possibility that the rhythm disturbance does not change and may even worsen after the conversion, or change and then return to what it was after a short or long time.

I have also had the possible alternative methods of treatment in my situation explained to me, including: beginning or continuing medication whose chances of success are less than that of electrical cardioversion.

I have also been informed that there are conditions in which it is possible to live with disturbances of the heart rhythm.

I hereby declare and confirm that I have received an explanation of the side effects of the primary treatment including local pain and/or a slight burn of the skin in the region of the chest, or a sensation of pain at the time of the conversion despite the sedative. I have also received an explanation regarding the possible complications of the primary treatment including: a cerebrovascular accident, due to an embolus of a blood clot to the brain, or an embolus to blood vessels in other parts of the body, a very slow heart rate that may require the insertion of a temporary or permanent pacemaker, ventricular rhythm disturbances that are liable to be dangerous and pulmonary edema.

I hereby give my consent to perform the primary treatment.

I also hereby give my consent to the injection of sedatives into a vein after it has been explained to me that the use of sedatives is liable to cause, rarely, disturbances of breathing and of heart function especially in patients with respiratory or heart disease, and a general unpleasant feeling after their effect has worn off.

I know and agree that the primary treatment and any other procedure will be performed by whoever is designated to do so, according to the institutional procedures and directives, and that there is no guarantee that they will be performed, fully or in part, by a certain person, as long as they are performed according to the institution's standard degree of responsibility and according to the law.



**Israel Medical Association**  
Israeli Association of Urologists



**Medical Risk Management Co.**

Date

Time

Patient's Signature

\_\_\_\_\_  
Name of Guardian (Relationship)

\_\_\_\_\_  
Guardian's Signature (for incompetent, minor or mentally ill patients)

I hereby confirm that I provided the patient / the patient's guardian\* with a detailed verbal explanation of all the abovementioned, as required, and that he/she signed the consent form in my presence after I was convinced that he/she fully understood my explanations.

\_\_\_\_\_  
Name of Physician

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
License No.

\* Cross out irrelevant option.



**Israel Medical Association**  
Israeli Association of Urologists



**Medical Risk Management Co.**