

Lung Division

Patient details

Surname:

First name:

Hospital no:

Date of birth:

Male/Female:

Consultant:

Consent form 1: Patient Agreement to Treatment

Name of procedure: Occupational Inhalation Testing

If you have been sent this form before your admission, please bring it with you to hospital.

- Please read this form carefully before you and your doctor (or other appropriate healthcare professional) sign it to show your consent/agreement for the procedure
- You can change your mind about having the procedure at *any time* and this will not affect the standard of care you receive.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another language or another format (such as large print), or would like any help, please ask a member of our staff.
- In this leaflet we explain some of the aims, benefits, risks and alternatives to this procedure. We want you to understand the procedure and your choices so that you can make a decision based on facts.

Why do I need this test?

We have been asked by your doctor or nurse to try to find out what might be causing the symptoms that you have been having at work. As previous tests have not found the cause, we would like to carry out an occupational inhalation test (also known as 'specific bronchial provocation testing' or 'occupational challenge testing'). This allows us to recreate what happens to you when you breathe in certain substances at work. By watching how your lungs and airways respond during the test, we can usually find out which substances are causing your problems.

In some cases, however, we may need more information and will look at other tests such as blood tests and peak flow records (which use a peak flow meter to compare your breathing at work and away from work), before making a firm diagnosis. This is often needed as other tests may not give accurate results when you have not breathed in the substance for some time.

What happens during the test?

The test aims to recreate what happens to your lungs and airways when you breathe in certain substances at work. We closely monitor how your lungs react to these substances throughout the test, using a range of breathing tests. The tests are carried out in hospital and take no more than two weeks. You will need to stay in hospital for most of this time.

Each day at about 9 am we will give you a histamine test in the laboratory to assess how sensitive your airways are on that day. Histamine is a substance that is naturally produced by the body. You will be asked to breathe in some histamine using a face mask and we will then monitor your breathing to find out whether your lungs and airways become irritated on that day. You may have a mild cough, headache or asthma symptoms as a result of doing the test.

About an hour later, we will carry out an inhalation test. This involves us measuring your lung function after you have breathed in a substance. On some days you might breathe in substances from your workplace that we think may be causing you difficulties. On other days we will use harmless substances.

We will not tell you which substances you have inhaled until we have finished all of our tests to make sure that each substance is tested fairly.

How do we measure your lung function?

We use a machine called a spirometer to monitor your lung function. We will ask you to blow into this machine every hour throughout the day until you go to bed. You will need to bring a watch and a pen to record the times of your blows and complete a symptom diary. We will then use these readings to get the results of your inhalation test.

What happens after the test?

We will explain the results to you and show you a full copy of your test results, displayed as a graph. We will then give you our recommendations about your ability to continue your work, bearing in mind your current and future health. We will then write to the nurse or doctor who referred you, explaining in detail what happened during your test. A copy of this report will be sent to you and to your GP. This will normally arrive within 14 days.

Are there any alternatives?

No. At the moment occupational inhalation testing is the only procedure that shows exactly what happens to your breathing when you breathe in a substance at work. It is the best test available to confirm or rule out a diagnosis of work-related airway disease. You will probably have had other more basic tests before you came to see us in clinic. As we were not able to make a diagnosis using these tests, we have recommended occupational inhalation testing as the next step in your assessment. You may want to discuss the implications of not having the test with your occupational health nurse or doctor.

What are the risks of the test?

- **Asthma reaction:**
The chance of a serious asthmatic reaction to the inhalation test is very low (less than one person in a hundred). However, it is common for people with occupational asthma to have a mild asthmatic reaction similar to that which they may have at work. If you do have a reaction we can give you an asthma drug such as salbutamol, which opens up the airways and normally works very quickly.
- **Allergic reaction:**
Although there is a potential risk of a more serious allergic reaction, the chance of this happening is very low (less than one in a hundred) and any such reaction will be treated immediately. Your safety is our main concern and measures are taken at all times to make sure any risk is as low as possible and appropriate treatment is available quickly.

What are the benefits?

By providing a definite diagnosis we can give you advice on how to best manage your problems in order to protect your health in the future. The test will also give your occupational health advisor or doctor information that they will find useful in treating you in the future.

What if I don't want to have the test?

We will not be able to give you a definite diagnosis or cause for your symptoms. If the test is recommended due to substances in your workplace, not having the test may affect your ability to do your job. You should discuss this with your occupational health advisor or doctor.

In some cases of work-related lung problems, such as occupational asthma, continuing to work with the substance that has caused the problem can increase the chance of your symptoms getting worse. More medication may also be needed to manage the symptoms.

Practical information

You are going to be in hospital for up to two weeks while we carry out the test, although you will be allowed home for the middle weekend (usually from Saturday morning until Monday lunchtime). You will stay in Lind Ward, which is on the fourth floor of Royal Brompton Hospital's south block on Fulham Road. If you have to stay in until the Saturday morning, you will be moved to one of the other wards in South Block (Victoria or Foulis) on Friday evening, as Lind Ward shuts for the weekend.

You will have a lot of spare time during the tests, so it's a good idea to bring in plenty to do and read. There is a payphone on the ward and another on which you can receive incoming calls. The number is 020 7351 8946.

Please do not drink tea, coffee, cola or hot chocolate during your stay in hospital as these contain caffeine and can affect the results.

Royal Brompton is a teaching hospital and takes part in the ongoing education of nurses, doctors and other health staff. Sometimes students or health professionals will be in the laboratory to learn about occupational inhalation testing and may observe your tests. You will be treated with respect at all times, but if you do not want to have students present during your tests please let us know before you arrive on the ward.

Useful contacts

If you have any questions about your appointment before your admission or you would like to speak to a nurse, please contact one of our team:

Julie Cannon, clinical nurse specialist
Email: j.cannon@rbht.nhs.uk Tel: 020 7351 8357

Louise Wigginton, clinical nurse specialist
Email: l.wigginton@rbht.nhs.uk Tel: 020 7351 8357

Professor Paul Cullinan, professor and honorary consultant physician
Email: p.cullinan@imperial.ac.uk

Dr Jo Szram, consultant respiratory physician in occupational lung disease and asthma
Email: j.szram@rbht.nhs.uk

Dr Jo Feary, consultant respiratory physician in occupational lung disease and asthma
Email: j.feary@rbht.nhs.uk

Clinical Secretary: tel: 020 7351 8341

An information sheet on Occupational Inhalation Testing is available to download from our website: www.lungsatwork.org.uk

Lind Ward: Further information about Lind Ward is available on the Hospital website:

<https://www.rbht.nhs.uk/our-hospitals/royal-brompton-hospital/wards/lind-ward>

Lind ward nursing staff: Call 020 7351 8121 and select extension number 4337 or 8909

It is important that you understand the information provided here and the risks and benefits of the procedure that has been recommended to you.

If you have any further questions, please ask your doctor who will be happy to discuss these with you.

Statement of health professional (to be filled in by a health professional with appropriate knowledge of the proposed procedure, as set out in the consent policy).

I have explained the above procedure to the patient. I have also discussed what the procedure is likely to involve, the intended benefits and serious, unavoidable and frequently occurring risks as well as other available treatments as described above (including no treatment) and any particular concerns of those involved. I have also explained any extra procedures that might become necessary during the tests including:

Other procedures (please specify):

Signed: Date:

Name (PRINT): Job title:

Contact details (if patient wishes to discuss options later):

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Statement of interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way which I believe she/he can understand.

Signed: Date:

Name (PRINT):

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should have received a copy of this form which contains details of the risks and benefits of treatment. If not, you will be offered a copy now. Please ask us if you have any questions. You can change your mind at any time before the procedure, even after you have signed the form.

I agree to the procedure or course of treatment described on this form.

I agree to photographic/digital/video images that are made during the investigation, assessment and treatment of my condition being used for the purpose of training and education of healthcare staff.

I consent to the medical information concerning my care to be submitted to, and validated by, official external agencies to monitor the quality of health care received and for the analysis of national health trends.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures which I do not wish to be carried out without further discussion

Patient’s signature: Date:

Name (PRINT):

A witness should sign below if the patient is unable to sign but has indicated his or her consent:

Signature: Date:

Name (PRINT):

Confirmation of consent (to be completed by a **health professional** when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signed: Date:

Name (PRINT): Job title:

Important notes (tick if applicable)

- See also advance directive/living will (e.g. Jehovah's Witness form)
- Patient has withdrawn consent (ask patient to sign/date here):

Guidance to health professionals (to be read in conjunction with consent policy)

What a consent form is for

This form documents the patient's agreement to go ahead with the investigation or treatment you have proposed. It is not a legal waiver - if patients, for example, do not receive enough information on which to base their decision, then the consent may not be valid, even though the form has been signed. Patients are also entitled to change their mind after signing the form, if they retain capacity to do so. The form should act as an aide-memoire to health professionals and patients, by providing a check-list of the kind of information patients should be offered, and by enabling the patient to have a written record of the main points discussed. In no way, however, should the written information provided for the patient be regarded as a substitute for face-to-face discussions with the patient.

The law on consent

See the Department of Health's Reference guide to consent for examination or treatment for a comprehensive summary of the law on consent (also available at <https://www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition>).

Who can give consent

Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated. If a child under the age of 16 has "sufficient understanding and intelligence to enable him or her to understand fully what is proposed", then he or she will be competent to give consent for himself or herself. Young people aged 16 and 17, and legally 'competent' younger children, may therefore sign this form for themselves, but may like a parent to countersign as well. If the child is not able to give consent for himself or herself, some-one with parental responsibility may do so on their behalf and a separate form is available for this purpose. Even where a child is able to give consent for himself or herself, you should always involve those with parental responsibility in the child's care, unless the child specifically asks you not to do so. If a patient is mentally competent to give consent but is physically unable to sign a form, you should complete this form as usual, and ask an independent witness to confirm that the patient has given consent orally or non-verbally.

When NOT to use this form

If the patient is 18 or over and lacks the capacity to give consent, you should use form 4 (form for adults who lack the capacity to consent to investigation or treatment) instead of this form. A patient lacks capacity if they have an impairment of the mind or brain or disturbance affecting the way their mind or brain works and they cannot:

- understand information about the decision to be made
- retain that information in their mind
- use or weigh that information as part of the decision-making process, or
- communicate their decision (by talking, using sign language or any other means).

You should always take all reasonable steps (for example involving more specialist colleagues) to support a patient in making their own decision, before concluding that they are unable to do so.

Relatives cannot be asked to sign a form on behalf of an adult who lacks capacity to consent for themselves, unless they have been given the authority to do so under a Lasting Power of Attorney or as a court appointed deputy."

Information

Information about what the treatment will involve, its benefits and risks (including side-effects and complications) and the alternatives to the particular procedure proposed, is crucial for patients when making up their minds. The courts have stated that patients should be told about 'significant risks which would affect the judgement of a reasonable patient'. 'Significant' has not been legally defined, but the GMC requires doctors to tell patients about 'serious or frequently occurring' risks. In addition if patients make clear they have particular concerns about certain kinds of risk, you should make sure they are informed about these risks, even if they are very small or rare. You should always answer questions honestly. Sometimes, patients may make it clear that they do not want to have any information about the options, but want you to decide on their behalf. In such circumstances, you should do your best to ensure that the patient receives at least very basic information about what is proposed. Where information is refused, you should document this on page 2 of the form or in the patient's notes.