OGOLAANSHO QALIIN IYO/AMA CAMALIYAD LA SAMAYNAYO

*CONSENT FOR SURGERY AND/OR INVASIVE PROCEDURES*

Magaca Bukaanka (Daabac)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Taariikhda Qaliinka la Filaayo\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Patient Name (Print) Anticipated Date of Surgery*

1. Waxaan ku raacsanahay in la igu samayn doono // *I Agree that I will have*:

a. (Qaliinka/camaliyadda) // *(surgery/procedure)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Jadwalka loo dejiyay qaliinka) // *(Procedure as scheduled*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Sababta qaliinka loo samaynayo waa: (xaaladda caafimaadka bukaanka):

*The reason for this procedure is: (patient’s medical condition):*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Takhtarkayga/daryeel sameeyahayga,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, waxaa laga yaabaa in uu caawinaad ka helo dad kale. Caawinaadaas waxaa ka mid noqon kara furitaanka iyo xiritaanka meesha la qalayo. Cawinaadaas waxaa kaloo ka mid noqon kara grafts(soo goynta cad jirka ah si loogu abuuro meel kale), cad la gooynayo, qalab la rakibayo. Waa la ii sheegay cidda wax caawinaysa, haddii la yaqaan.

*My doctor/provider, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, may have help from others. Help could include opening and closing the wound. Help might include taking grafts, cutting out tissue, implanting devices. I have been told who will help, if known.*

1. Waxaan kala hadlay takhtarkayga ama kooxda caafimaadka arrimahan:

a. Qaliinku waxa uu yahay iyo waxa dhacaaya.

b. Sida uu ii caawini karo (waxaan ka dheefayo)

c. Sida uu ii waxyeelayn karo (khataraha suurtagalka ah iyo kuwa ugu daran).

d. Saamaynta uu keeni karo waa dambe.

e. Waxyaabaha kale ee aan dooran karo in la igu daaweeyo ama la igula tacaalo. Khataraha iyo dheefaha doorashooyinkaasi kale ay keeni karaan.

f. Haddii aan qaliinkan diido waxyaabaha suurtagalka ah in ay dhacaan.

g. Sidee noqonayaa markaan qaliinka ka soo baxo muddo intee la eg ayaa la filayaa in aan ku bogsado.

h. Waa maxay daawooyinka loo isticmaalayo in xanuunka la gu jebiyo ama la igu suuxiyo.

i. Qorshaha ku aadan suuxinta.

*I have talked to my doctor or health care team about:*

*a. What the procedure is and what will happen.*

*b. How it may help me (the benefits).*

*c. How it might harm me (the most likely and most serious risks).*

*d. The long-term effects it might have.*

*e. My other choices for treatment. The risks and benefits of these choices.*

*f. What will likely happen if I say no to this procedure.*

*g. How I might feel right after and how quickly I can expect to recover.*

*h. What medicines will be used to manage pain or sedate me.*

*i. The plan for anesthesia.*

Ogow: Haddii Qaliinkani yahay mid minka ama ilmagaleenka lagu bixinaayo (hysterectomy), waxaan ogahay in aanan uur dambe yeelan karin.

*Note: If this procedure is for removal of the uterus (hysterectomy), I know that this will prevent future pregnancies.*

1. **Waxaan ku raacsanahay in: (HADDII AANAN KU RAACSANAYN WEEDH AMA HADAL QORAN, XARIIQ AYAAN MARIYAY.)** *// I agree that: (IF I DO NOT AGREE WITH A STATEMENT, I HAVE CROSSED IT OUT.)*

a.Aan su’aalo waydiin doono *// I will ask questions.*

b.Aan qofna ii balanqaadin natiijooyin sugan ee qaliinkan. // *No one has promised me definite results for this procedure.*

c. Haddii ay tahay waxa ugu fiican ee la ii samayn karo, takhtarkaygu wuu bedeli karaa waxa la igu samaynayo haddii ay yimaadaan dhibaatooyin kale oo daran inta qaliinka la samaynayo. // *If it is best for me, my doctor may change my treatment if they find further serious problems during this procedure.*

d. Haddii dardaarankayga ay ku jirto in aan wax qalab ah la ii adeegsan haddii xubnaha jirkayga qaarkooda muhiimka ahi ay hawlgabaan si aan naftu iiga bixin “Do Not Resuscitate” (DNR), dardaarankaa la isticmaali mayo inta qaliinku socdo. *// If I have “do not resuscitate” (DNR) wishes, they will be put on hold during the procedure.*

e. Arday iyo dadkale ayaa daawan kara qaliinka. Arrintan waa in isbitaalku ansixiyaa ama ogolaadaa. // *Students and others watch the procedure. This must be approved by this facility.*

f. Sawir ama fiidiyo ayaa la qaadi karaa. Waxaa loo isticmaali karaa arrimo caafimaad iyo/ama waxbarasho*. Pictures or video may be taken. They may be used for medical and/or learning reasons only.*

g. Baaritaan lagu samayn karo cad ama wax laga gooyay jirkayga. Si xushmadi ku dheehantahay ayaana loo xoorayaa. Haddii aanan ogolaan, cadka la iga gooyay looma isticmaali karo baaritaan cilmi lamana gadi karo. *Tissues or items removed from my body may be tested. They will be disposed of with respect. Unless I agree, tissues will not be used for research or sold.*

h. Haddii dhiigaygu ama dareere ka yimid jirkaygu uu gaaro qof, dhiig ayaa la iga qaadayaa oo laga baarayaa HIV iyo cagaarshow.

Natiijada waxaa loo gudbinaayaa ama loo dirayaa:

* Aniga
* Rikoorkayga caafimaadka
* Qofka wax gaareen. Ujeedadu waa in la go’aansado haddii qofka shaqaalaha ahi daawayn u baahanyahay.
* Waaxda Adeegyada Caafimaadka Shaqaalaha(Employee Health Services Department) iyo/ama Waaxda Kahortagga Infakshanka/Caabuqqa(Infection Control) ee isbitaalka; iyo
* Saraakiisha caafimaadka ee Minnesota.

*If anyone is exposed to my blood or body fluids, my blood will be drawn and tested for HIV and hepatitis. The results will go*

* *To me;*
* *In my medical record;*
* *To the exposed person. This is to be decided if treatment for the worker is needed;*
* *To the Employee Health Services Department and/or Infection Control at this facility; and*
* *To Minnesota health officials.*

i. Dhiig qof lagu shubo // *Blood transfusions*:

* Waxaa la ii sheegay sida ay suurtagal u tahay in aan u baahdo in dhiig la igu shubo. Waan ogahay khatartaha iyo dheefaha ka imankara dhiig la igu shubo, haddii loo baahdona in dhiig la igu shubo, waan ogolaaday in la igu shubo. Aniga iyo takhtarkaygu waan ka wada hadalnay waxyaabaha kale ee aan dooran karo.

*I have been told how likely I am to need a blood transfusion. I know the risks and benefits of transfusions and if transfusions are needed, I give my consent to receive them. My doctor and I talked about my other options.*

1. Waxaan fahamsanahay in *// I understand that*:

a. Aan isbedeli karo. Haddaan isbedelo, waa in aan u sheegaa takhtarkayga ama kooxda. *// I can change my mind. If I do, I must tell my doctor or team.*

b. Aan la bedeli karin takhtarka waxqalaaya, balse la bedelikaro shaqaalaha kalkaalinaaya inta qaliinku socdo. *The assisting staff, not surgeon, may change during the procedure.*

c. Kooxdu ay hubinayaan marlabaad qofka aan ahay. Waxay i waydiinayaan waxa la igu samaynayo. Tan waxaa loola jeedaa si aniga aysan waxyeelo ii gaarin. // *The team will double-check who I am. They will ask what I am having done. This is to protect me*.

BUKAANKA (ama qofka awoodda u leh in uu go’aanka gaaro) *// PATIENT (or authorized decision maker):* Su’aalahaygii waa laga jawaabay. Waan ku raacsanahay qaliinka. Tilmaamo gaar ah waxay ku qoranyihiin hoos*. My questions have been answered. I agree to the procedure. Special instructions are written below*.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Magaca Bukaanka (Daabac) // *Patient Name (Print):*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Saxiixa *// Signature*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Saxiixa Bukaanka (ama Wakiilka) Taariikh Saacadda

*Patient’s (or representative) signature Date Time*

Haddii aan bukaanku saxiixikarin sababta: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Reason if patient unable to sign*

TAKHTARKA/DARYEEL SAMEEYAHA // *DOCTOR/PROVIDER*:

Waan kala hadlay qaliinka iyo warbixinta kor ku qoran bukaanka (ama wakiilka bukaanka) waana ka jawaabay su’aalahooda. Bukaanku ama wakiilka bukaanku waa ogolaaday qaliinka.

*I have discussed the procedure and the information stated above with the patient (or patient’s representative) and answered their questions. The patient or representative consented to the procedure.*

Saxiixa // *Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Saxiixa Takhtarka/daryeel sameeyaha Taariikh Saacadda

*Doctor/Provider Date Time*

(Looma baahna saxiix kale haddii daryeel sameeyuhu goobjoog ka yahay saxiixa)

*(no other signature required if provider witnesses signature)*

GOOBJOOGGE AMA MARKHAATIGA //  *WITNESS:*

Waan hubiyay in saxiixu yahay kan bukaanka ama wakiilka bukaanka. Foomkan waxaa la saxiixay qaliinka ka hor.

*I have verified that the signature is that of the patient’s or representative’s. This form has been signed before the procedure*.

Saxiixa // *Signature:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goobjoogga ama Markhaantiga // *Witness* Taariikh // *Date*  Saacadda // *Time*

Saxiixa // *Signature*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Magaca Turjubaanka ( Fadlan daabac) Afka ama Luqadda/Ururka ama Hay’adda

*Interpreter Name (please print)*  *Language/Organization*

Bukaanka Cabirkoodu ama Culayskoodu ka Badan Yahay 350 Rodol (lb):

* Waxaan ogahay in loo baahankaro raajooyin iyo qalab kale, kuwaas oo ah qayb ka mid ah qaliinka.
* Waxaan ogahay in laga yaabo in isticmaalka qalabkan uu xad leeyahay ama in ay suurtagal tahay in aan loo isticmaalikarin aniga/dadka cabirkoodu weynyahay.
* Takhtarkayga iyo shaqaaluhu waxay isticmaalayaan maskaxdooda wixii ku saabsan isticmaalka qalabkan si loo yareeyo suurtagalnimada dhibaato qalabka igu gaari karto.
* Waxay tixgelinayaan hadba sidii aan daawayn ugu baahdo.
* Waxaan ogolaanayaa in takhtarkayga (takhaatiirtayda) iyo shaqaaluhu ay samayn doonaan waxa ugu fiican ee ah daryeelkayga. Bukaanka/Goobjoogga xarafka magiciisa ugu horeeya\_\_\_\_\_\_\_\_\_

*For patients of size exceeding 350 pounds:*

* *As part of this procedure, I know that radiology and other equipment may be needed.*
* *I understand that there may be limits to the use of this equipment or that it may not be able to be used for*

*me/persons of size.*

* *My doctor and staff will use their judgment about the use of this equipment to reduce chances of harm to me.*
* *They will consider my treatment needs.*
* *I consent to allow my doctor(s) and staff to use their best judgment for my care. Patient/Witness Initials:\_\_\_\_\_\_\_\_*

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