# Form F

**Authorisation to Proceed with Surgery on a Patient Without a Valid Consent Form**

This form is to be completed giving due consideration to the “Consent to Treatment Policy for the Western Australian Health System”

### Reason for seeking authorisation to proceed with surgery on a patient without a valid consent form

A patient, who has been administered medication that may alter his/her mental state or who may otherwise be incompetent, has arrived at the Operating Theatre/Treatment Room: (Tick one of the boxes below)

- [ ] Without a valid consent form; or
- [ ] Information recorded on the patient’s consent form is incorrect and requires amendment.

**NOTE:** A Consent Form is valid if the information is correct in every detail (patient’s details, description of operation or procedure and side and site of procedure of operation), is signed by the patient (or person authorised to give consent in the case of an incompetent patient) and has been witnessed by an appropriate person.

### Declaration of doctor/proceduralist/anaesthetist

Mr/Ms/Mrs [Insert name] is scheduled to undergo the following treatment/procedure/investigation (Insert):

Mr/Ms/Mrs [Insert name] has arrived in the Operating Room without a valid consent form. In consultation with [Insert name of doctor/proceduralist] it is considered that the proposed surgery/procedure is urgent and must proceed without a valid Consent Form being completed.

### Reason for urgency/procedure proceeding

**NOTE:** Urgent can be defined as “treatment that, in the opinion of the health practitioners concerned, is necessary and must be provided without delay to save the life of the patient, to reduce pain or for the patient’s ultimate wellbeing”.

### Documentation and notification (to be completed by doctor/proceduralist/anaesthetist)

Tick the relevant boxes below:

- [ ] I/We have documented the reason/s and rationale for proceeding with the procedure in the patient’s medical record.
- [ ] I/We have sought authorisation to proceed with the surgery/procedure from the following Clinical Nurse Manager, Medical Director or Health Service Administrator:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Position:</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Clinical Nurse Manager/Medical Director/Health Service Administrator)</td>
<td></td>
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</tbody>
</table>

**Signature of doctor/proceduralist/anaesthetist (if different)**

<table>
<thead>
<tr>
<th>Name of doctor/proceduralist</th>
<th>Signature</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Name of anaesthetist</th>
<th>Signature</th>
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