

## 一般的な医療行為に関する説明と同意について

### Information on Explanation and Consent

### for General Medical Procedures

本院では、侵襲的な治療・検査行為※については、事前に書面などを用いて医師が説明します。その様な治療や検査を実施する際には、患者さんまたはご家族の署名が「説明書・同意書」に必要となりますのでご理解ください。また医師等の説明で不明な点がありましたら遠慮なくお申し出ください。

※(例:手術・麻酔、抗がん剤治療、輸血、経静脈による造影剤を用いた検査など)

At this hospital, invasive treatments and examinations\* will be explained in advance by the doctor in writing so that the patient and/or family members can fully understand. Please understand that a patient or family member signature is required on the "Explanation and Consent Form" when such treatment or examination is performed. If you have any questions about the explanation given by the doctor, please do not hesitate to contact us.

\*(e.g., surgery and anesthesia, anticancer drug treatment, blood transfusion, tests using injected or intravenous contrast media, etc.)

以下に記載した、一般的医療行為、いわゆる患者さんへの心身の負担が少ない検査・処置などについては、医療行為・看護介入が円滑に進められるように、説明と同意確認を口頭でさせていただき、同意書については、原則、省略しています。

意思表示がない場合には、同意が得られたものとしますが、同意及び留保はその後の申し出により、何時でも変更することが可能です。

For the following general medical procedures, tests, and procedures that do not place a physical or mental burden on the patient, explanations and confirmation of consent are given orally so that medical and nursing interventions can proceed smoothly. Thus, consent forms are not required in principle. In the absence of positive consent, medical staff will assume that you consent to treatment (by your presence at the hospital), but any consent can be revoked by the patient at any time by subsequent request.

## 検査・モニター

血液検査(動静脈)、尿・便検査、微生物検査、病理組織検査、心電図検査、脈波検査、肺機能検査、超音波検査、脳波検査、尿素呼気検査、筋電図、サーモグラフィー、皮内反応検査、アレルギー皮膚テスト、骨密度やマンモグラフィーを含む X 線一般撮影、経口的 X 線透視造影、造影剤を用いない CT/MRI 検査、経皮酸素飽和度測定・動脈圧・呼吸換気・脳波モニター・筋弛緩モニターなどのモニター、ペースメーカー評価、心理検査、高次脳機能障害検査などのリハビリテーション評価、散瞳検査などを含む眼科検査  
などの検査・モニター

### Examples of tests and monitoring procedures requiring willful consent:

Blood tests (arteriovenous), urine and stool tests, microbiological tests, histopathological tests, electrocardiography, pulse wave tests, pulmonary function tests, ultrasonography, electroencephalography, urea breath test, electromyography, thermography, intradermal skin reaction test, allergy skin test, general radiography (including bone density and mammography, oral fluoroscopy, CT/MRI examinations without contrast media), monitoring (such as transcutaneous oxygen saturation measurement, arterial pressure, respiratory ventilation, electroencephalography monitoring, and muscle relaxation monitoring), pacemaker evaluation, psychological testing, rehabilitation evaluation (such as higher brain dysfunction testing), and ophthalmological testing (including mydriasis/pupil dilation testing)

## 処置

痰などの吸引、胃管留置、膀胱カテーテル留置、う歯・歯周病・義歯の検査  
口腔ケア、入浴・食事などの生活支援介助、褥瘡処置、血栓・塞栓症予防処置  
などの処置

### Examples of treatments requiring willful consent:

Suctioning of sputum, placement of gastric tubes, placement of bladder catheters, examination of dental caries/cavities, periodontal disease, and dentures  
Oral care, assistance for daily living (such as bathing and eating), bedsore treatment, thrombosis and embolism prevention treatment

## 投薬・投与

抗がん剤・血液製剤・治験薬以外の投薬、注射、末梢動・静脈留置針挿入、  
皮下留置針挿入、酸素投与  
などの投薬・投与

### Examples of medications and administration methods requiring willful consent:

Medication (other than anticancer drugs), blood products, and investigational drugs, injections, insertion of peripheral arterial and venous indwelling needles, insertion of subcutaneous indwelling needles, and oxygen administration

必要な教育を受け、医師法に定める試験に合格した医学生も、医師の指導監督のもとで、医療行為をおこなわせていただきます。

Medical students who have received the necessary education and passed the examinations required by the Medical Practitioners' Act will also be allowed to perform medical practices under the guidance and supervision of a physician.

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