

MEDICAL RECORD

**REQUEST FOR ADMINISTRATION OF ANESTHESIA  
AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES**
**A. IDENTIFICATION**

1a. (Place 'Y' for YES, 'N' for NO in all applicable boxes)

Y	OPERATION OR PROCEDURE		SEDATION
	ANESTHESIA	N	TRANSFUSION

1b. DESCRIBE

Anatomical Location: N/A  
 Colposcopy of Vagina/Cervix with Possible Interventions  
 Colposcopy of Cervix/Vagina/Vulva with Possible Biopsy  
 Transfusion not expected

**B. STATEMENT OF REQUEST**

2. The nature and purpose of the operation or procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand the nature of the operation or procedure to be (describe operation or procedure in layman's language). **See attached Procedure Detail Sheet**

Which is to be performed by or under the direction of Dr.                     , other staff and Resident team.

3. I request the performance of the above-named operation or procedure and of such additional operations or procedures as are found to be necessary or desirable, in the judgment of the professional staff of the below-named medical facility, during the course of the above-named operation or procedure.
4. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of the below-named medical facility.
5. Exceptions to surgery or anesthesia, if any are: None (If "none", so state)
6. I request the disposal by authorities of the below-named medical facility of any tissues or parts which may be necessary to remove.
7. I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions: **Yes**
- The name of the patient and his/her family is not used to identify said pictures.
  - Said pictures be used only for purposes for medical/dental study or research.
8. I understand that as indicated a Health Care Industry Representatives or other authorized personnel may be present.

**C. SIGNATURES**

**(Appropriate items in parts A and B must be completed before signing)**

9. COUNSELING PHYSICIAN/DENTIST: I have counseled this patient as to the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above. I have also discussed potential problems related to recuperation, possible results of non-treatment, and significant alternative therapies.

\_\_\_\_\_  
 (Signature of Counseling Physician/Dentist)

10. PATIENT: I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed:

\_\_\_\_\_  
 (Signature of Witness, excluding members of operating team)

\_\_\_\_\_  
 (Signature of Patient)

\_\_\_\_\_  
 (Date and Time)

11. SPONSOR OR GUARDIAN: (When patient is a minor or unable to give consent) \_\_\_\_\_  
 sponsor/guardian of \_\_\_\_\_ understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

\_\_\_\_\_  
 (Signature of Witness, excluding members of operating team)

\_\_\_\_\_  
 (Signature of Sponsor or Guardian)

\_\_\_\_\_  
 (Date and Time)

**REQUEST FOR ADMINISTRATION OF ANESTHESIA  
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OTHER PROCEDURE**

**Medical Record**

**OPTIONAL FORM 522 (REV. 7/2008)**

Prescribed by GSA/ICMR FMR (41 CFR) 102-194.30(i)  
 DoD Exception to OF 522 approved by GSA

## DETAILS OF PROCEDURE/TREATMENT

### (Descriptive information about the specific procedure(s)/treatment(s) being performed)

#### **Procedure/Treatment Description**

##### COLPOSCOPY OF VAGINA/CERVIX WITH POSSIBLE INTERVENTIONS

This procedure involves examining the surface of your vagina and cervix with a colposcope. This creates a lighted enlarged view of the area. Your provider may take a biopsy of your cervix or vagina. The cervix is the lower, narrow end of the uterus that opens into the vagina. A biopsy is the removal of a sample of tissue for analysis.

Your provider may inject a medicine to numb your cervix. Your provider will insert a speculum in your vagina. This is used to keep the vagina open. Your provider may put acetic acid or iodine on your vagina and cervix. This allows your provider to see the abnormal areas better. Your provider will place the colposcope just outside your vagina. Your provider will focus on areas that appear abnormal.

Your provider may choose to do any of the following:

\* Your provider may take one or more biopsies of your cervix or vagina. Your provider may use one of three methods for the biopsy: simple, cone, or endocervical. Your provider may use a combination of these methods. A simple biopsy removes a small pea-sized piece of tissue. Cone biopsy uses a surgical knife, a laser, or an electrical tool to remove a cone-shaped piece of tissue from your cervix. Endocervical biopsy uses a tool to remove tissue from inside your cervix. You may feel a pinching sensation or some cramping when your provider takes the biopsy.

\* Your provider may try to destroy the abnormal tissue completely. Your provider may insert a tool and place it on your vagina or cervix. This tool will destroy tissue using cold, heat, or laser energy. You may feel a slight burning or cramping when your provider applies the tool to the area. You may feel a sensation of hot or cold.

Your provider may biopsy or treat more than one area during this procedure.

##### COLPOSCOPY OF CERVIX/VAGINA/VULVA WITH POSSIBLE BIOPSY

This procedure involves examining the surface of your cervix, vagina, and/or vulva. The cervix is the lower, narrow end of the uterus. The vagina is the canal that leads from the cervix to the vulva. The vulva is the external portion of the female genitals. This will be done using a colposcope. A colposcope creates a lighted and magnified view of the area. Your provider may take samples of tissue from your cervix, vagina, and/or vulva. It may be sent to a lab for analysis. This is called biopsy.

Your provider will place a speculum in your vagina. This is an instrument used to keep the vagina open. Your provider may apply a solution on your cervix, vagina, and/or vulva. The solution may turn abnormal tissue a different color. This allows your provider to see any abnormal areas better. Your provider will place the colposcope just outside your vagina.

You may be given an injection of a local anesthetic in the affected area. A local anesthetic is a drug causing loss of feeling in a small area. You may also be given a medicine to help you relax. If any abnormal tissue is found, it will be removed. Your provider may remove tissue from more than one area during this procedure.

One of two methods may be used for the biopsy. These include simple or endocervical. Your provider may use both of these methods. A simple biopsy removes a small pea-sized piece of tissue. Endocervical biopsy uses an instrument to remove tissue from inside your cervix. You may feel pinching or cramping if your provider removes tissue from your cervix.

Your provider may apply a chemical to the wound to control bleeding. Pressure may also be applied to control bleeding.

The wound may be left to heal on its own. Your provider may close the wound with stitches.

#### **Diagnosis**

##### COLPOSCOPY OF VAGINA/CERVIX WITH POSSIBLE INTERVENTIONS

To examine and/or remove and/or test abnormal tissue of the cervix and/or vagina.

##### COLPOSCOPY OF CERVIX/VAGINA/VULVA WITH POSSIBLE BIOPSY

To examine and biopsy abnormal tissue of the cervix, vagina and/or vulva.

#### **Benefits of treatment(s) or procedure(s)**

##### COLPOSCOPY OF VAGINA/CERVIX WITH POSSIBLE INTERVENTIONS

This procedure may tell you and your provider what is wrong. This information will allow you and your provider to plan the best treatment for you. The procedure may remove abnormal tissue completely. It may reduce your risk of cancer.

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COLPOSCOPY OF CERVIX/VAGINA/VULVA WITH POSSIBLE BIOPSY

This procedure may tell you and your doctor what is wrong. This information will allow you and your doctor to plan the best treatment for you. The procedure may remove abnormal tissue completely. It may reduce your risk of cancer.

**Reasonable risk / complications of surgical treatment(s) or procedure(s)**

COLPOSCOPY OF VAGINA/CERVIX WITH POSSIBLE INTERVENTIONS

- \* Discharge from the genitals.
- \* Pain or discomfort.
- \* The procedure may need to be repeated.
- \* You may have problems, diseases, or abnormalities, but this test may not find them.
- \* Your doctor may not be able to locate, treat, or remove the entire diseased area.
- \* Your doctor may not be able to make a proper diagnosis.
- \* Cramping, bleeding, or spotting. If bleeding occurs, you may need blood transfusions or other treatments. This may be discovered during the procedure or later.
- \* Infection.
- \* Reaction to local anesthesia or other medicines given during or after the procedure.
- \* You may need additional tests or treatment.
- \* Damage to the cervix or nearby structures. This may be discovered during the procedure or later.
- \* You may have a precancerous lesion, but this procedure may not find or remove it. Further testing may be needed.

COLPOSCOPY OF CERVIX/VAGINA/VULVA WITH POSSIBLE BIOPSY

- \* Bruising and/or swelling at the treatment site.
- \* Burning or stinging sensation.
- \* Cramping, bleeding, or spotting.
- \* Discharge from the genitals.
- \* Pain or discomfort.
- \* The procedure may need to be repeated.
- \* The procedure may not cure or relieve your condition or symptoms. They may come back and even worsen.
- \* Undesirable cosmetic effects or scarring.
- \* You may have problems, diseases, or abnormalities, but this test may not find them.
- \* Your doctor may not be able to locate, treat, or remove the entire diseased area.
- \* Your doctor may not be able to make a proper diagnosis.
- \* Infection.
- \* Pain or discomfort during sex.
- \* Reaction to local anesthesia or other medicines given during or after the procedure.
- \* You may need additional tests or treatment.
- \* Damage to the cervix or nearby structures. This may be discovered during the procedure or later.
- \* You may have a precancerous lesion, but this procedure may not find or remove it. Further testing may be needed.

**Additional Risks Discussed (if applicable):**

COLPOSCOPY OF VAGINA/CERVIX WITH POSSIBLE INTERVENTIONS

COLPOSCOPY OF CERVIX/VAGINA/VULVA WITH POSSIBLE BIOPSY

**Alternatives to surgical treatment(s) procedures(s)**

COLPOSCOPY OF VAGINA/CERVIX WITH POSSIBLE INTERVENTIONS

- \* Watching and waiting with your provider.
- \* Repeated Pap smears.
- \* DNA testing for human papillomavirus (HPV).
- \* Other methods to remove and/or test abnormal tissue.
- \* You may choose not to have this procedure.

COLPOSCOPY OF CERVIX/VAGINA/VULVA WITH POSSIBLE BIOPSY

- \* Watching and waiting with your provider.
- \* Repeated Pap smears.
- \* DNA testing for human papillomavirus (HPV).
- \* Biopsy without colposcopy.
- \* You may choose not to have this procedure.

**Prognosis if not treatment is received**

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**COLPOSCOPY OF VAGINA/CERVIX WITH POSSIBLE INTERVENTIONS**

If you choose not to have this procedure, your provider may not be able to find out what is wrong. Without this information, you may not receive appropriate treatment. If you have cancer, it may grow or spread. Spread of cancer may lead to death.

**COLPOSCOPY OF CERVIX/VAGINA/VULVA WITH POSSIBLE BIOPSY**

If you choose not to have this procedure, your doctor may not be able to find out what is wrong. Without this information, you may not receive appropriate treatment. If you have cancer, it may grow or spread. Spread of cancer may lead to death.

**Blood Transfusion (if applicable): Transfusion not expected**

Name of Interpreter (if applicable):

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## Procedural Time-Out (Universal Protocol checklist)

Procedure(s) to be performed is: COLONOSCOPY

**1. Preoperative Verification Process, required for all procedures. (Check the appropriate blocks – either performed (Yes), or not applicable/required (N/A))**

a. Patient/parent/legal guardian verbally states 2 identifiers (e.g. name/SSN/birth date)	<u>Yes</u>	(required for all procedures)
b. Correct name on chart/record/consent/radiographs	<u>Yes</u>	(required for all procedures)
c. Consent verified for planned procedure completed accurately and signed	<u>Yes</u>	(required for all procedures)
d. H&P within 30 days and updated within the 24 hours prior to procedure	<u>Yes</u>	<u>N/A</u>
e. Patient allergies	<u>NKDA</u>	<u>Reviewed and Confirmed</u>
f. Required blood products/implants/devices/graft material/studies/special equipment	<u>Yes</u>	N/A

**2. Site Marking: (Check "Yes", or "N/A" if marking is not required)**

a. Patient/parent/legal guardian verbalizes and points to location of surgery	<u>Yes</u>	N/A	
b. Correct surgical procedure and surgical site marked	<u>Yes</u>	N/A	Unable to Mark

**3. Surgical Pause "Time Out" - Immediately before starting procedure**

a. Correct patient identity verbally verified by staff – use 2 pt identifiers (e.g.(name/SSN/birth date)	<u>Yes</u>	(required for all procedures)
b. Correct side, and site and level marked	<u>Yes</u>	N/A
c. Any required blood products, implants, devices and/or special equipment is available	<u>Yes</u>	N/A
d. Correct patient position	<u>Yes</u>	N/A
e. Labeled diagnostic and radiology images displayed	<u>Yes</u>	<u>N/A</u>
f. Antibiotic administered	<u>Yes</u>	<u>N/A</u>
g. Mark is visible after drape – make incision <u>only</u> if initials are visible and correct Or provider has specified "Unable to Mark" above	<u>Yes</u>	N/A
h. All members of the procedure team are in agreement on procedure to be performed or a patient safety Time-Out is called (see table below)	<u>Yes</u>	N/A

<ul style="list-style-type: none"> <li>Site is confirmed with patient but unable to mark:</li> <li>Patient refuses marking</li> <li>Premature infant</li> <li>Technically/anatomically not able to be marked</li> <li>Single midline organ</li> <li>Site not predetermined – interventional procedures, spinal analgesia, etc.</li> <li>Teeth                             <ul style="list-style-type: none"> <li>Review the dental record including the medical history, laboratory findings, appropriate charts, and dental radiographs.</li> <li>Indicate the tooth number(s) or mark the tooth site or surgical site on the diagram of teeth or radiograph to be included as part of the patient record.</li> <li>Correct site verified 2<sup>nd</sup> time following single tooth isolation</li> </ul> </li> </ul>	<b># Critical Steps Reviewed:</b> <ul style="list-style-type: none"> <li>Surgeon Review                             <ul style="list-style-type: none"> <li>Critical or unexpected steps</li> <li>Operative duration</li> <li>Anticipated blood loss</li> </ul> </li> <li>Anesthesia Review                             <ul style="list-style-type: none"> <li>Previous issues with anesthesia or peri-operative bleeding</li> <li>Airway status</li> <li>Any patient-specific concerns</li> <li>FSBG or b-HCG</li> </ul> </li> <li>Nursing Review                             <ul style="list-style-type: none"> <li>Sterility confirmation (including indicator results)</li> <li>Equipment issues or any concerns</li> </ul> </li> </ul>
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Verified by: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Exception to time-out documentation above: By checking this block, I certify that I have performed and documented the required time-out procedures, as described above, in another document or format. (This includes either a written or electronic pre-operative nursing form, procedure note, or clinical / progress note, which is readily available for verification.)

Provider / Assistant signature: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Register No.

Clinic/Ward No.

PATIENT'S INFORMATION: (For typed or written entries give:  
Name – Last, First MI, grade, rank, rate, SSN, DOB, and hospital or medical facility)