

Informed Consent Form for Intramuscular Injection

This consent form has been prepared to inform you about the procedure explained to you/your patient, "how?", "why?" it is intended to be performed, "what consequences may occur if the procedure is not performed," "what side effects or undesirable events may occur during or after the procedure," and "whether there is an alternative" to this procedure. By reading and signing this form, you declare that you have been informed about the procedure and that you consent to the procedure being performed. You can ask your doctor about any points you do not understand in the form.

Once you have read, understood and signed this form, you are free to withdraw your consent.

WHAT IS INTRAMUSCULAR INJECTION AND WHY IS IT PERFORMED? It is the process of administering drugs to the patient through the muscle. It is done to administer some drugs more effectively.

BY WHOM, WHERE AND HOW IS THIS PROCESS DONE, WHAT IS THE ESTIMATED TIME?

This procedure will be performed by an experienced nurse or healthcare professional in the emergency room. The procedure takes approximately 3-5 seconds and is performed as follows:

1. First of all, there are situations that prevent the administration of the drug to be injected (for example, use of blood thinners, (such as previous allergy development) should be questioned. If not, report this to your doctor or nurse.
2. The area to be injected is cleaned with alcohol, the medication is drawn into the syringe and the needle is inserted into the skin to reach the muscle.
3. Aspiration is performed with a syringe to check whether there is any blood.
4. If there is no blood, the medication is injected into the muscle and then the needle is withdrawn.

WHAT ARE THE EXPECTED BENEFITS OF THIS PROCESS?

The drugs applied in this way will pass into the circulatory system and your complaints will be resolved.

WHAT ARE THE UNDESIRABLE EFFECTS THAT MAY OCCUR DUE TO THIS PROCEDURE?

Temporary pain may occur during the needle insertion and after the procedure. These effects may be less severe if you do not strain.

WHAT ARE THE RISKS OF THIS PROCEDURE?

1. The needle may break.
2. The area where the injection was made may become infected and an abscess may develop. A small incision may be made to repair this abscess. surgical intervention may be necessary.
3. Temporary bleeding may occur from the injection site.
4. Nerve injury may result in permanent or temporary leg weakness, numbness and pain.
5. Temporary skin color changes (such as bruising) may occur.
6. Periosteum inflammation may develop.

Despite all the risks mentioned above, your doctor thinks that this procedure will be in your/your patient's best interest and therefore it should be performed.

WHAT ARE THE UNDESIRABLE SITUATIONS THAT MAY OCCUR IF THIS PROCEDURE IS NOT CARRIED OUT?

If the medication is not administered, your treatment may be left incomplete, this may aggravate your/your patient's current condition, and may lead to a life-threatening condition.

ARE THERE ALTERNATIVES TO THIS PROCESS?

Some medications can only be given intramuscularly. There is no alternative to this procedure for medications that can only be given intramuscularly. However, many medications can be taken orally or by intravenous injection instead of intramuscular injection. You may want to ask your doctor if this medication can be given another way.

WHAT LIFESTYLE RECOMMENDATIONS ARE CRITICAL TO THE PATIENT'S HEALTH?

Only follow your doctor's recommendations if any.

HOW CAN YOU GET MEDICAL ASSISTANCE ON THE SAME ISSUE IF NECESSARY?

In case of emergency, you can benefit from 112 emergency health services. For other issues, you can contact your family doctor or the person who performed the procedure on you.

I have read this information and consent form / my relative has read it to me. My doctor explained to me the recommended procedure, the risks of the procedure and the risks I will face if I do not have the procedure; and also that the results of this procedure may not be successful. I have understood everything that has been explained. I have been given sufficient time to ask questions and make a decision about this medical procedure and I have been given a copy of this patient consent form. In light of this information, I declare that I accept the application of this treatment / procedure to me / my relative of my own free will and without any pressure.

Please write "I have read, understood and accept this 2-page consent form" in your own handwriting and sign it.

.....
.....

This Form is signed after filling in the above and below blanks.

	Name-Surname	Date-Time	Signature
Patient / Patient Relative			
Doctor			
Testifying			

Notes:

- 1. If the patient is under 18 years of age, unconscious or does not have the authority to sign, consent is given by a proxy.*
- 2. This form is filled in 2 copies, one copy remains with the patient/relative.*
- 3. This informed consent form contains minimum information and may be modified according to requirements.*