



吉林大学白求恩第一医院

吗替麦考酚酯不良反应告知书

病案号: [REDACTED]

患者姓名: [REDACTED] 性别: 男 年龄: 46岁 科别: 风湿病科

床号: 165-3 临床诊断: 类风湿

住院号: [REDACTED]

1. 全身反应: 无力、发热、头痛、感染、疼痛(包括腹部、背部、肘部)、水肿、脓毒症、囊肿(包括囊状淋巴管瘤和水囊肿)、腹部增大、面部水肿、流感综合症、出血、疔、不适、骨盆痛;
2. 血液和淋巴: 贫血(包括血红蛋白过少的贫血)、白细胞增多、白细胞减少、血小板减少、瘀斑、红细胞增多症;
3. 泌尿生殖系统: 血尿、肾小管坏死、尿路感染、蛋白尿、排尿困难、肾盂积水、阳痿、肾盂肾炎、尿瘘;
4. 心血管系统: 高血压、心绞痛、房颤、低血压、体位性低血压、心动过速、血栓形成、血管扩张;
5. 代谢和营养: 高胆固醇血症、高血糖症、高血钾症、低钾血症、低磷酸盐血症、酸中毒、碱性磷酸酶升高、酶水平升高、肌酐增加、高钙血症、高脂血症、血容量过多、低钙血症、低蛋白血症、高尿酸血症、体重增加;
6. 消化系统: 便秘、腹泻、消化不良、恶心、呕吐、口腔溃疡、肝功能异常、厌食、胃肠胀气、胃肠炎、胃肠出血、胃肠溃疡、胆炎、牙龈增生、肝炎、肠梗阻、食管炎、口炎;
7. 呼吸系统: 咳嗽增加、呼吸困难、咽炎、肺炎、支气管炎、哮喘、胸膜腔积液、肺水肿、鼻炎、鼻窦炎;
8. 皮肤及附属物: 痤疮、单纯疱疹、脱发、皮肤良性外生物、霉菌性皮炎、带状疱疹、多毛、瘙痒、皮疹、皮肤肥大、出汗、皮肤溃疡、疹;
9. 神经系统: 头痛、失眠、震颤、不安、抑制、张力过高、感觉异常、嗜睡;
10. 肌肉和骨骼: 关节疼、腿痛性疼痛、肌痛、肌无力;
11. 感觉: 弱视、白内障、结膜炎;
12. 内分泌: 糖尿病、甲状旁腺功能失调。

1、患者已充分了解出现医疗风险情况的后果及可供选择的治疗方法及利弊,对其中的疑问,已得到告知医生的解答。

2、本知情同意书为双方真实意愿的表示,并确认医方已履行了告知义务,患者已享有知情、选择及同意的权利,本同意书经医患双方慎重考虑并签字后生效,将受我国有关法律的保护。

患者或委托人意见: [REDACTED]

患者或委托人签名: [REDACTED]

与患者关系: [REDACTED]

告知医师: [REDACTED]

2012年7月23日



吉林大学第一医院

肾上腺皮质激素治疗知情同意书

科室: 肾内科 微机号: _____ 住院号: _____
患者姓名: [REDACTED] 性别: 男 年龄: 46 床号: [REDACTED]
就诊(住院)日期: 2012.06.27 联系电话: _____
目前诊断(拟诊): 多发性肌炎?
拟定手术: _____

鉴于患者目前的病情,因病情发展,需要应用肾上腺皮质激素。但是,在治疗过程中,由于目前医学科学技术水平的局限,尚难杜绝激素可能产生如下的副作用和不良反应:

- 1、胃炎、胃溃疡,恶心、呕吐、呕血或便血、穿孔
- 2、骨质疏松,病理性骨折
- 3、股骨头无菌性坏死
- 4、高血压、浮肿、心力衰竭、低血钾
- 5、向心性肥胖、高血脂
- 6、血糖升高、糖尿病
- 7、肌肉萎缩、伤口愈合不良或延期愈合
- 8、继发感染、感染灶扩散
- 9、诱发或加重精神病、癫痫
- 10、眼科并发症,包括青光眼、白内障、眼部感染、疱疹性角膜炎等
- 11、撤药综合征,包括全身不适、食欲不振、情绪低落、肌肉疼痛等
- 12、促使高凝状态发生,血栓形成
- 13、皮肤紫纹、毛发增多、毛孔增粗,影响美观
- 14、过敏反应、运动性震颤、致畸
- 15、其它不可预知的毒副作用和不良反应

以上各项因应用激素引起的风险,已明确告知患者及家属,一旦发生上述意外情况,我院将积极组织抢救、治疗(包括外科手术);但仍有可能因抢救治疗无效以至病残,甚至死亡。患者及家属表示理解以上内容,愿意承担各项风险,请在本知情同意书上签字为证。

患者本人/代理人意见: [REDACTED] 患者本人/代理人签名/画押: [REDACTED]
与患者的关系: [REDACTED] 签字日期: 2012.7.1
医闹(告知人)签名: [REDACTED] 签字日期: 2012.7.1



Consent Form for Case Reports

Case Report: Title: HBV-related liver cirrhosis complicated with dermatomyositis: a 6-year follow-up case report and literature review

Principal Investigator: Run-Ping Gao, MD, Department of Hepatic-Biliary-Pancreatic Medicine, the First Hospital of Jilin University, Changchun, Jilin Province, China.

You are being asked to consider allowing Dr. Gao to use information about your clinical records and available ancillary exams to write what is called a case report. Case reports are typically used to share new unique information experienced by one patient during his/her clinical care that may be useful for other physicians and members of a health care team. A case report may be published for others to read, and/or presented at a conference. This form explains the purpose of this case report. Please read this form carefully and take your time to make your decision and ask any questions that you may have. The purpose of this report is to provide our experience in diagnosing and treating dermatomyositis with HBV. Your information being used for this case report includes the details of your clinical condition, laboratory testing, imaging and treatments. Dr. Gao is obligated to protect your privacy and not disclose your personal information (information about you and your health that identifies you as an individual e.g. name, date of birth, medical record number). When the case report is published or presented, your identity will not be disclosed. Although your personal information collected or obtained will be kept confidential and protected to the fullest extent of the law, there is a limited risk associated with this case report that could result in a loss of confidentiality by virtue of your unique experience. You will not directly benefit from participating in this case report. The information that can be shared with other health care professionals, however, may improve the care that is received by others in the future. Allowing your information to be used in this case report will not involve any additional costs to you. You will not receive any compensation. Taking part in this case report is your choice (voluntary). You may choose not to take part or you may change your mind at any time. However, once the case report is written and published, it will not be possible for you to withdraw it. Your decision will not result in any penalty or loss of benefits to which you are entitled including the quality of care you receive. You will be told about any new information relating to this case report that may affect you. Your signature below means that you have read the above information about this Case Report and have had a chance to ask questions to help you understand how your information will be used and that you give permission to allow your information to be used in this case report.

SUBJECT CONSENT TO PARTICIPATE

Case Report Title: HBV-related liver cirrhosis complicated with dermatomyositis: a 6-year follow-up case report and literature review

Name of Participant: [REDACTED]

Participant/substitute decision-maker

By signing this form, I confirm that:

- The case report has been fully explained to me and all of my questions have been

- answered to my satisfaction.
- I have been informed of the risks and benefits, if any, of allowing my information to be used in this case report.
 - I have been informed that I do not have to participate in this case report.
 - I have read each page of this form.
 - I authorize access to my personal health information (medical record) as explained in this form.
 - I have agreed to participate in this case report.

Signature:



Date: 2018/12/28

