

## HYPERBARIC MEDICAL HISTORY FORM

(Circle any that apply)

- |  |  |
|--|--|
|  <b>Seizure</b>                      | - Increased chance of reoccurrence   |
|  <b>Cataracts</b>                    | - Can worsen the progression   |
|  <b>Myopia</b>                       | - Symptoms can increase; pre-HBOT level within 6 weeks' post treatment         |
|  <b>Sinus problems</b>               | - Increase in pressure during treatment, you can use a nasal spray the day of  |
|  <b>Asthma</b>                       | - can cause an asthmatic reaction, you can use your inhaler prior to treatment |
|  <b>Bronchitis</b>                   | - Can cause difficulty breathing, worsen of symptoms                           |
|  <b>Tuberculosis</b>                 | - Can cause in increase in lung pressure and a difficulty breathing            |
|  <b>Hypertension</b>                 | - If uncontrolled, can lead to an increase in blood pressure and heart failure |
|  <b>Pacemaker/implanted device</b>   | - Can Malfunction if not compatible for HBOT                                   |
|  <b>Congestive Heart Failure</b>     | - If uncontrolled, can lead to an increase in blood pressure and heart failure |
|  <b>Ejection Fraction</b>            | - can lead to an increase in blood pressure and heart failure                  |
|  <b>Dialysis</b>                     | - Should complete your run prior to HBOT to reduce fluid volume shift          |
|  <b>Claustrophobia</b>              | - The chamber is a confined space. Approved medication is ok                   |
|  <b>Diabetes</b>                   | - You must eat and take insulin if needed, Blood sugar will fall during HBOT   |
|  <b>Thyroid problems</b>           | - You might see an increase in hormone secretion                               |
|  <b>Radiation Therapy</b>          | - If it involves the lungs; may increase the chance of Oxygen Toxicity         |
|  <b>Chemo Therapy</b>              | - Reference the contraindicated medications list                               |
|  <b>Ear problems</b>               | - Can lead to severe discomfort, must be cleared by an ENT                     |
|  <b>Ear reconstructive surgery</b> | - Can lead to severe discomfort, must be cleared by an ENT                     |
|  <b>Emphysema</b>                  | - If O2 driven, great difficulty breathing. physician approval required        |
|  <b>Pneumothorax</b>               | - Reoccurrence, physician approval required                                    |
|  <b>Other Lung problems</b>        | - Discomfort and/or trouble breathing, physician approval required             |
|  <b>Pregnancy</b>                  | - Severe congenital effects – not HBOT approved                                |
|  <b>Recent surgery</b>             | - physician approval required  |

NOTES:

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(Circle all that apply)



### Disulfiram (Antabuse)

- This drug lessens the body's ability to defend against oxygen toxicity. There have not been any data proving high risk, however, there is some concern for Oxygen Toxicity incidence.



### Narcotics

- (specifically Morphine) the medication and increased oxygen both depress respiration, causing a rise in pCO<sub>2</sub> and cause vessels in the brain to dilate. This can increase the occurrence of Oxygen Toxicity



### Diamox (Acetazolamide)

- Used to treat Glaucoma, Epilepsy, Mountain Sickness, and fluid retention (edema) It will cause a rise in pCO<sub>2</sub> and lead to vessels in the brain to dilate. This can increase the occurrence of Oxygen Toxicity



### Steroids

- The combination will increase the sensitivity for oxygen toxicity. You can use anticonvulsant drugs and more frequent air breaks to minimize risk.



### Amiodarone (Cordorone)

- It is used to treat heart rhythm problems. It can cause Pulmonary Toxicity and lead to Fibrosis. You will need to have clearance from your doctor to proceed with HBOT



### Mafenide Acetate (Sulfamylon)

- This will cause a buildup of CO<sub>2</sub>. This will cause peripheral vasodilation and the HBOT will cause central vasoconstriction leading to adverse effects. All Sulfamylon needs to be removed prior to HBO treatment. Silvadene (Silver Sulfadiazine) may be safely substituted.



### Doxorubicin (Adriamycin)

- Never combine with HBOT – increases tissue damage, leading to higher mortality rate. At a minimum 3 days between use of drug and HBO treatment



### Cis-Platinum

- Interferes with DNA synthesis, should only be used with HBOT in life threatening cases



### Bleomycin

- Any history of this drug will cause Pneumonitis (swelling of lung tissue) with HBO. Cannot use HBOT if you ever received this medication.

By signing this document, I acknowledge that I have read and understand each of the above precautions. Further, I hereby consent and authorize 3<sup>rd</sup> Opinion to administer Hyperbaric Oxygen Therapy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Circle: Patient/ Legal Guardian/ POA