

Study Number:

*Use patient label*

Patient name:

DOB:

Hospital Number:

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**CONSENT FORM – parents or guardians**

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Title of Project: Measuring the metabolic cost of fever (IRAS Project ID 209010)

Name of Researcher: **Dr Samiran Ray/ Professor Mark Peters**

**Summary**

Fever is part of the body's immune response, often triggered by infection. Fever is commonly treated with medicines such as paracetamol, mainly because people feel unwell with fever. However fever does have a role in fighting infection: it enables the rest of the immune system to function more efficiently, and may directly stop bacteria and viruses from multiplying. In most cases however treating fever does not matter because the rest of the immune system can cope well enough to fight the infection (with or without additional treatment, like antibiotics). In critically ill patients however any advantage in the fight against infection may be crucial. However in critical illness the body does have limited energy resources. In order to raise the body temperature energy is required. We do not know how much energy is required to generate a fever in critically ill children. Our study will aim to try and measure the energy required to generate a fever in a critically ill child, by measuring the levels of oxygen and carbon dioxide they breathe in and out (a method called indirect calorimetry). We do this using a machine that fits into the ventilator (breathing machine) circuit, without affecting the work of the ventilator. This will enable us to judge whether the benefits of a fever can be justified by the energy costs in the energy depleted state that is critical illness.

**Please initial  
all boxes**

1. I confirm that I have read and understand the parent information sheet version 2 dated 10/10/2016 for the above study and been given a copy to keep. I have had the opportunity to ask questions and have had these answered satisfactorily. ☐
  
2. I understand that participation is voluntary, and that I am free to withdraw consent at any time, without giving any reason and without my child's medical care or legal rights being affected. ☐

Consent form version number: **2**  
Consent form date of issue: **10/10/2016**

[Parents/Guardians]

3. I understand that relevant sections of any of my child's hospital notes and data collected during the study may be looked at by responsible individuals from Great Ormond Street Hospital NHS Foundation Trust or from regulatory authorities, where it is relevant to my taking part in this research. I give permission for these individuals to access my child's records.

☐

4. I consent for the non-identifiable research data to be shared with other collaborators for the purpose of ethically approved research only.

☐

5. I agree for my child to take part in this research project.

☐

6. I would like to receive a report of the study findings once the research is complete:

☐

By post: (address).....

By e-mail: (address).....

\_\_\_\_\_  
Name of Parent/Guardian/Legal  
Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Person taking consent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date/Time