

Informed Consent for ICU Admission and Procedures

Name:	Age (in years):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
UHID No./Registration No.:		
Interpreter Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Consultant's Name:	

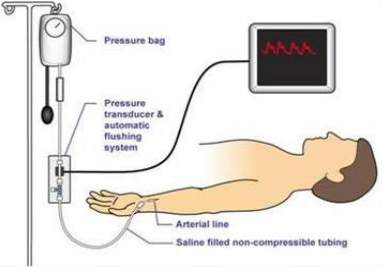
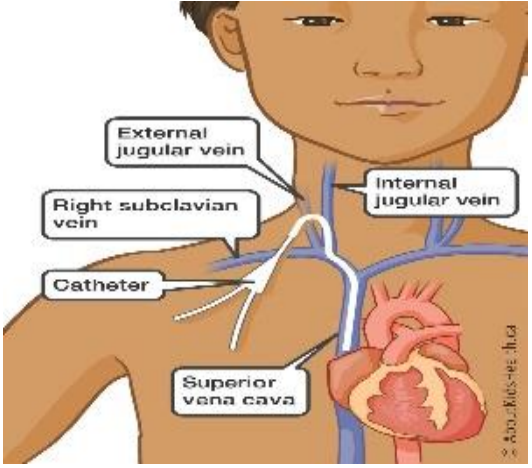
Medical Condition

I, the Patient or authorised representative of the patient understand that I/the patient require an admission to the intensive care unit (ICU) for a life threatening or potentially life threatening condition. An intensive care admission may include one or many complex procedures which are a necessary part of the treatment. I/we hereby give consent to Dr. or his/her associates to perform following procedures.

Procedure Specific Information for Common ICU Procedures (Tick the procedure(s) required for the patient)

Procedure Name	Procedure Specific Information (To be documented by doctor)	Intended Benefits (To be documented by doctor)	Possible Risks and Complications (To be documented by doctor)	Possible Alternatives (To be documented by doctor)
<input type="checkbox"/> Intubation and mechanical ventilation	<p>During intubation a tube is inserted into the windpipe (trachea) to protect the airway and help you breathe. Insertion of endotracheal tubes is done using a laryngoscope, an instrument used to view the upper portion of the trachea and below the vocal cords. The tube may be attached to a machine called ventilator or respirator that breathes for you by moving air into and out of the lungs. This is called mechanical ventilation. You may need intubation and mechanical ventilation if you are unable to breathe on your own or get enough air into the lungs when you breathe. The ventilator will deliver oxygen into the lungs for a set number of times per minute. The heart rate and oxygen level will be monitored during the procedure.</p>	<ul style="list-style-type: none"> ▪ To help an unconscious patient to protect their airway/assist controlled breathing through ventilator. ▪ To manage respiratory failure. ▪ To protect airway. ▪ To protect lungs. ▪ To prevent obstruction in the airway and suffocation. ▪ Others, if any specify: 	<ul style="list-style-type: none"> ▪ Trauma to the vocal cord, trachea, voice box and thyroid gland ▪ Pneumothorax (air around lungs) ▪ Lung collapse ▪ Bleeding ▪ Infection ▪ Perforation of trachea ▪ Others, if any specify: 	<ul style="list-style-type: none"> ▪ BiPAP ventilation ▪ Laryngeal mask airway ▪ Oxygen administration through face mask ▪ Tracheostomy ▪ Oesophageal tracheal combi tube ▪ Others, if any specify:
<input type="checkbox"/> Lumbar puncture	<p>It is an exam of your lower back (lumbar region). It is also known as spinal tap. During a lumbar puncture, a needle will be inserted between two lumbar bones (vertebrae) and into your cerebrospinal fluid (CSF). CSF is the fluid that surrounds brain and spinal cord and protects them from injury.</p>	<ul style="list-style-type: none"> ▪ To diagnose certain diseases. ▪ To measure the pressure of cerebrospinal fluid. ▪ To lower the pressure in the brain. ▪ To administer anaesthetics or medicine into CSF. ▪ Others, if any specify: 	<ul style="list-style-type: none"> ▪ Backache ▪ Headache ▪ Shooting pain down the legs at the time of procedure ▪ Bleeding ▪ Others, if any specify: 	<ul style="list-style-type: none"> ▪ Empirical treatment based on the indication for lumbar puncture ▪ Others, if any specify:

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<p><input type="checkbox"/> Arterial line insertion</p>	<p>An arterial line is a thin catheter inserted into an artery to monitor the blood pressure directly on real time basis and to obtain samples for arterial blood gas measurements.</p> <p>Arterial cannulation also allows repeated arterial blood gas samples to be drawn without injury to the patient. The most common site of cannulation is the radial artery followed by femoral artery.</p>	<ul style="list-style-type: none"> ▪ To frequently obtain blood sampling for blood gas analysis. ▪ To continuously monitor blood pressure. ▪ To monitor blood pressure in patients with severe burns or morbid obesity. For such patients, it is not possible to monitor blood pressure directly. ▪ To administer specific medications. ▪ Others, if any specify: 	<ul style="list-style-type: none"> ▪ Bleeding/Hematoma ▪ Localised infection/Sepsis ▪ Clotting of arteries ▪ Temporary arterial occlusion ▪ Others, if any specify: 	<ul style="list-style-type: none"> ▪ Frequent arterial punctures ▪ Blood pressure cuff monitoring ▪ Others, if any specify:
				
<p><input type="checkbox"/> Central venous line insertion</p>	<p>A central catheter is a long, thin, flexible, plastic tube that is inserted into a large, central blood vessel.</p> <p>It is used to deliver medication, nutrition, intravenous (IV) fluids and chemotherapy.</p> <p>A central line is usually inserted into the body in the center of the chest. The central line is positioned under the skin and inserted into a large vein near your collar bone/groin. The central line can stay in the vein for longer period as compared to a typical intravenous line.</p> <p>The procedure of insertion may differ depending on the type of the catheter and the insertion site. In general, the doctor will administer a local anaesthetic, make a small incision (cut) over the skin. The doctor will use an X-ray/ultrasound/guide wire to guide the catheter into the vein. The wire will then be removed and the catheter line will be secured using sutures and tapes. The insertion site will be covered with a bandage. A chest X-ray may be taken to confirm the placement of the central line.</p>	<ul style="list-style-type: none"> ▪ To access to venous circulation. ▪ To optimise fluids. ▪ To administer special medications. ▪ Others, if any specify: 	<ul style="list-style-type: none"> ▪ Blood stream infection ▪ Pneumothorax (air around lungs) ▪ Cardiac tamponade (blood around heart) ▪ Thrombosis (Clot formation) ▪ Bleeding ▪ Others, if any specify: 	<ul style="list-style-type: none"> ▪ Peripheral venous cannula ▪ Peripherally inserted central line ▪ Others, if any specify:
				

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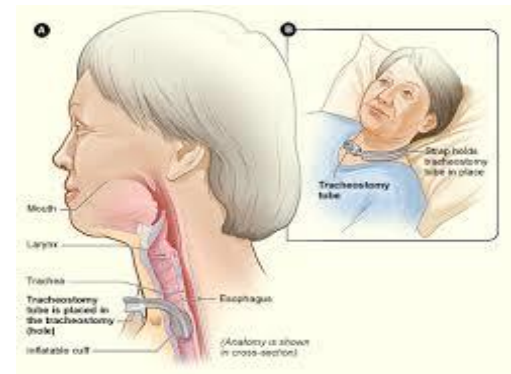
□ Tracheostomy

A tracheostomy is a surgical opening made into the trachea (windpipe), to help you breathe easily. This opening is called a stoma. A tracheostomy tube or trach tube is placed into the stoma to keep it open. The trach tube will allow you to breathe in air directly into your windpipe instead of through your mouth and nose. A tracheostomy can be permanent or temporary.

- To mobilise patients with prolonged need for ventilator with a more secure airway.
- To ensure less aspiration risk.
- To serve as an option for patient to require less sedatives.
- To ensure better secretion removal with suctioning.
- To lower incidence of tube obstruction.
- To ensure lesser chances of oral injury (larynx, tongue, teeth and palate).
- To improve ability to communicate.
- To enable swallowing and earlier oral feeding.
- To ensure better oral hygiene.
- Others, if any specify:

- Bleeding in or around the tracheostomy site
- Pneumothorax (Collapsed lung)
- Pneumomediastinum (Air trapped inside the deeper layers of the chest).
- Subcutaneous emphysema (Air collection below the skin)
- Wound infection
- Damage to trachea and surrounding tissues
- Blockage by mucus, blood clot or sputum
- Tube dislodgement
- Complications with the stoma following removal of tracheostomy tube removal
- Others, if any specify:

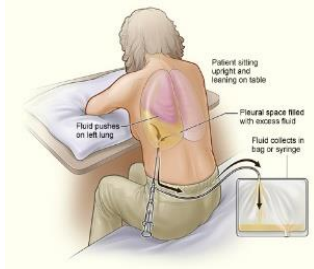
- Biphasic cuirass ventilation
- Others, if any specify:



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Pleural fluid tapping

A local anaesthetic will be administered before the procedure. During the procedure, a pleural tap needle will be inserted through the skin between the ribs and into the fluid around the lung. A fluid sample will be taken and sent to pathology for testing. Sometimes the doctor will be unable to obtain a fluid sample. After the procedure, the needle will be taken out and a dressing will be put over the area. A chest X-ray may then be taken. The recovery time will vary depending on the site, the anaesthesia given and the age of the patient. It might be from 1 hour to 6 hours.



- To determine the cause of abnormal accumulation of fluid in the pleural space.
- To relieve shortness of breath and pain.
- To use it as a diagnostic and/or treatment procedure.
- To drain large amounts of pleural fluid.
- To equalise pressure on both sides of the thoracic cavity.
- Others, if any specify:

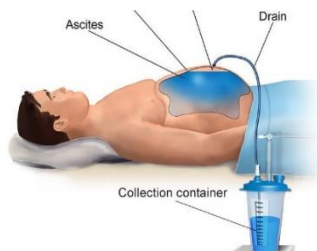
- Coughing
- Fainting
- Pneumothorax
- In obese people, there is an increased risk of wound infection, chest infection, heart and lung complications and thrombosis
- Respiratory distress
- Pain and bleeding into the space between the lungs and ribs.
- Damage to nearby body parts by needle (For example: liver or spleen).
- Emergency surgery due to complications with the procedure.
- Death as a result of this procedure is rare.
- Others, if any specify:

The doctor should write the alternatives explained:

Ascitic tapping (Paracentesis)

It is a medical procedure where a needle will be used to drain fluid that is trapped in an internal body cavity, most commonly the abdomen (belly). You will be asked to lie flat on the bed. Your abdomen will be wiped clean with an antiseptic liquid. Using ultrasound images, the doctor will locate the fluid in the abdomen. The doctor will numb a small area of skin with local anaesthetic and through the numb patch of skin, a needle will be used to insert a thin plastic drain tube into the fluid area. This will allow the fluid to drain out of the body into a sealed plastic bag. Once enough fluid has been removed, the doctor will carefully remove the tube.

- To allow fluid in the abdomen to be removed if it is infected, causing pain or if it requires laboratory analysis to diagnose a disease.
- To remove fluid from the abdomen in a quicker, easier and safer manner.
- To ensure a smaller scar and to ensure fast recovery.



- Pain or discomfort at the site of needle insertion
- Bleeding at the site
- Internal bleeding
- Injury to a blood vessel
- Organ puncture
- Infection
- Aspiration (inhaling food or liquid into your lungs)
- Respiratory depression
- Others, if any specify:

- Long-term catheter drainage
- Insertion of shunts
- Others, if any specify:

Consent for Blood Transfusion

Please see Blood Transfusion Consent Form. This will give you information about the type of the blood products, benefits and risks of blood transfusion. If you have any concern(s), please discuss with your doctor.

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Consent for Anaesthesia

Please see Anaesthesia Consent Form. This will give you information about the type of the anaesthesia, its benefits and general risks. If you have any concern(s), please discuss with your anaesthetist(s).

Patient's Authorisation

- The doctor has explained to me the major benefits and risks including potentially life-threatening risks of above procedures and the likely outcomes of treatment and complications.
- I/we understand that the ICU staff will not be seeking consent for individual procedures/treatments listed above. I/we consent to ICU admission and procedures/treatments that are integral to ICU admission.
- The serious nature of my/the patient's illness and the need for intensive care has been explained to me by the doctor. I/we have been given the choice to take a second opinion.
- The doctor has also explained the risks of not shifting me/the patient to the ICU.
- I/we were able to ask questions and raise concerns with the doctor about the procedure and its risks and my treatment options. My queries and concerns have been discussed and answered to the full satisfaction.
- It has been explained to me, that during the course of the stay in the ICU or subsequent to the treatment/procedure, unforeseen conditions may be revealed or encountered which may necessitate urgent surgical or other procedures in addition to or different from those contemplated. In such exigency, I further request and authorise the above named physician/surgeon or his designee to perform such additional surgical or other procedures as he or they consider necessary or desirable in my interest.
- I understand that the treatment/procedure may include blood/blood product transfusion (for which a separate consent shall be obtained).
- The doctor has explained the requirement for anaesthesia for this procedure and I understand the risks associated with anaesthesia, including the risks specific to me (for which a separate consent shall be taken).
- The contents noted above have been explained to me/us in the language I/we understand best.
- I/we were given enough time to think and decide before signing this consent form.
- I declare that no guarantee of whatsoever nature has been given by anyone as to the results that may be obtained.
- I understand that I have the right to refuse treatment before the procedure. I agree that any such refusal shall be in writing and acknowledged by the hospital and I shall be solely responsible for the outcome of such refusal.

- I consent to if any photographing or television of operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes. However, suitable precautions shall be taken by the hospital that my identity is not revealed anywhere. Yes No

- For purposes of advancing medical education, I consent to the admittance of observers to the operating room. Yes No

Patient Name:		Signature:		Date and Time:
Substitute Decision Maker Name:	Relationship:	Reason (patient is unable to give consent because):	Signature:	Date and Time:
Witness Name:	Relationship:		Signature:	Date and Time:
Interpreter Name:	Translation given in:		Signature:	Date and Time:

Declaration by the Doctor/Counsellor

I have explained to the patient / authorised representatives the medical condition, need for the procedure, its alternatives and benefits/risks, likely consequences if those risks occur and the significant risks and problems specific to this patient including the risks of not undergoing the procedure. I have given the patient/ authorised representatives an opportunity to ask questions about any of the above matters and raise any other concerns. I have answered all their queries to the best of my knowledge.

Name and Signature of the Doctor with Reg No:		Name and Signature of the Counsellor:	
Date and Time:		Date and Time:	