



# GENERAL CONSENT FORM

PATIENT NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

FACILITY / BED: \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

**MLC:**  Involves placement of a thin plastic tube (catheter) into a vein like an IV, but unlike an IV, the tip of the catheter ends in the upper arm or upper chest. (Axillary or Subclavian veins).

**PICC:**  Involves placement of a thin plastic tube (catheter) into a vein like an IV, but unlike an IV, the tip of the catheter ends in the large vein in the central chest just above the heart (SVC)

**G Tube Change**  Involves replacement or the existing or reinsertion of a displaced G tube through the existing hole or entrance in the abdomen.

**Supra Pubic Catheter Change**  Involves replacement or the existing or reinsertion of a displaced G tube through the existing hole or entrance in the abdomen.

**Paracentesis:**  Involves drainage of the fluid built up in the abdomen using a catheter.

**Thoracentesis:**  Involves drainage of the fluid built up in the chest using a catheter.

- Placement of these catheters may need to be confirmed by an X-Ray and in some cases injection of contrast or air needed to confirm placement.
- The procedure will be performed by a certified medical professional trained specifically for these procedures.

### Anticipated Benefits:

- **PICC** lines and **MLC** provide stable IV access into the vein, prevents repeated sticks, allows you to continue with your daily activities, some medications can only be administered through these catheters as they are irritant and cause damage to the small veins of the hand or forearm. Unlike regular IV, these catheters can remain in place for a longer period of time.
- **G tubes** are used for feeding when you are not able to swallow food for any reason. The tubes become blocked over time or may get pulled out for which, reinsertion is necessary for feeding.
- Reinsertion of **Supra Pubic Catheters** is inserted to drain the urine from the bladder when you are not able to urinate in a normal fashion. These catheters get blocked periodically and therefore need to be replaced.
- **Paracentesis** is performed to drain the fluid buildup in the belly which can occur from any cause like infection, cancer, or liver, heart or kidney disease. This fluid buildup becomes uncomfortable and sometimes painful. Therefore, periodic drainage of the fluid may be needed.
- **Thoracentesis** is performed to drain the fluid buildup of fluid in the chest can occur from any cause like infection, cancer, or liver, heart or kidney disease. This fluid buildup becomes uncomfortable and sometimes painful and make breathing difficult. Therefore, periodic drainage of the fluid may be needed.

### Potential Risks include but are not limited to:

- **PICC** line and **MLC** can cause pain, burning, or bleeding at the insertion site of the catheter. Possible damage to the vein or surrounding structures, clot formation, irregular heartbeat, introduction of air into the vein, infection or inflammation. The catheter may also break and migrate to the heart or lung.
- **G tube** reinsertion can cause pain, bruising or bleeding or leakage of the stomach contents around the tube at the insertion site. The new catheter may not end up in the stomach, for which a follow-up X-Ray is performed. In some cases, the X-Ray may be inconclusive or may provide false information.
- **Supra Pubic Catheter** reinsertion can cause pain, bruising or bleeding or leakage of the urine around the tube at the insertion site. The new catheter may not end up in the bladder.
- **Paracentesis** can cause pain, bruising, bleeding or leakage at the catheter insertion site. The procedure can also result in infection or bleeding in the abdomen as well as damage to the bowel or other abdominal structures.
- **Thoracentesis** can cause pain, bruising, bleeding or leakage at the catheter insertion site. The procedure can also result in infection or bleeding in the chest as well as damage to the lungs or other structures in the chest.

### Possible Alternatives include:

- Refusal to have the procedure done.
- Request that the procedure be done in the hospital.

### Agreement:

I hereby consent to \_\_\_\_\_ be performed by a member of Mobile Intervention and Diagnostic company. I understand the person performing the procedure is a fully trained and qualified medical professional who has had special training to perform this specific procedure. The potential complications, benefits and alternatives have been explained to me. I have been given an opportunity to ask questions and all my questions have been answered to my satisfaction. I am willing to assume the risk of the procedure.

Patient or Legally Authorized Representative

Facility Witness

Procedurelist

\_\_\_\_\_ Date/time

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

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