

- 1 University of Kentucky Hospital A.B. Chandler Medical Center
- 1 UK HealthCare Good Samaritan Hospital
- 1 UK HealthCare Ambulatory Services

CONSENT FOR PROCEDURE & TRANSFUSION

Date: _____ Time: _____ (Patient Label Here) _____

Consent for _____ [Procedure(s)]

Performed by or directed by Dr. _____ Patient initial

Other doctors resident doctors, medical trainees or other providers may be involved. "My doctor" includes these others.

_____ explained this consent form to me.

Instructions to patient: When this consent form is explained to you, please ask any questions you may have. If you do not understand the answers, please ask again until you do understand. If you have any questions at any time about the procedure, please ask. If you do not consent, cross-out and initial.

1 My doctor has explained this procedure to me and has told me why I need it. I understand that this procedure involves: _____

1 My doctor has told me what other options I may have and what the risks of those options are. I have decided to have the procedure that my doctor has recommended.

1 My doctor has told me that some problems (risks and complications) may happen if I have this procedure. These possible problems include: _____

and other possible problems that my doctor can't predict. My doctor has also told me about the possible benefits of the procedure. These possible benefits include: _____

1 My doctor has explained my chances of receiving these benefits. I understand the risks of not having this procedure.

1 No one has guaranteed me that this procedure will have certain results.

1 I have received the **Notice of Privacy Practices of the University of Kentucky.**

My doctor has told me that any information that identifies me will be kept private. I understand that the Notice lets my doctor give my information to certain other people or groups. If this happens, I understand that my information may not be as private as it would be if no one received this information.

1 My doctor or anesthesiologist has told me how sedatives or general anesthesia will be used. Anesthesia is used to calm me, control my pain and put me to sleep. I understand that during the procedure the medical staff may decide that I need other anesthesia. I consent to let the staff use anesthesia for this procedure, except: _____

1 I understand that anesthesia has risks. These risks can cause reactions that are mild or severe, temporary or permanent. Examples of risks are:

1 damage to my teeth, mouth, throat, or vocal cords

1 stopping of my heart (cardiac arrest)

1 a reaction to a drug

1 and other risks that my doctor can't predict

1 My doctor has told me about the risks of receiving blood transfusions or blood products. These risks include:

1 mild allergic reactions, like headache or a fever

1 a mild skin reaction like itching or a rash, or hives

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CONSENT FOR PROCEDURE & TRANSFUSION (continued)

Date: _____ Time: _____ (Patient Label Here)

- 1 I understand that serious reactions to transfusions don't happen often but are possible. These serious reactions include:
- 1 kidney failure
 - 1 problems breathing
 - 1 shock and death
 - 1 loss of red blood cells (anemia)
- 1 I understand that donated blood is carefully checked for disease. Even though this checking is very effective, I understand that there is a slight risk that I may be exposed to:
- 1 HIV (the virus that causes AIDS)
 - 1 other viruses that can be passed on through the blood
 - 1 the viruses that cause hepatitis
 - 1 other bacteria that cause infections
- 1 There are options other than having a transfusion. These options include:
- 1 not having a transfusion
 - 1 having a transfusion of my own blood (blood that was collected from me before the procedure or blood that will be collected from me during the procedure)
 - 1 getting blood donated by someone I know (a directed transfusion)
 - 1 receiving blood substitutes or drugs that can help my body produce the blood cells that I need
- 1 I understand that I am consenting to receive a transfusion only during this stay in the hospital. If I need a transfusion because I am receiving outpatient treatment for cancer or a blood disease, I am consenting to receive a transfusion only during the time that I am receiving this treatment.
- If you do not consent, cross-out, circle option and initial.*
- 1 I consent to let my doctor perform other operations or procedures in connection with this procedure, if the medical staff decides that I need these other procedures.
- 1 My advance directives (such as a living will) will still be in effect AFTER I receive any treatment for a reversible condition (a condition that can be corrected) related to this procedure.
- 1 I consent to let the medical staff take any photographs, moving pictures, television images, or other pictures or video-tapes during my treatment. I understand that these images will be used only to advance medical knowledge and will not identify me.
- If you do not consent, cross-out, circle option and initial.*
- 1 If any life-threatening or serious condition causes a severe problem with my circulation, my breathing, or other organs, I consent to treatment in the Intensive Care Unit. I also consent to the following procedures if the medical staff decides that they are necessary:
- 1 Placing a tube into one of my arteries (an arterial line) so that the medical staff can watch my blood pressure and can collect blood easily. The risks of having an arterial line include bleeding, infection, and nerve damage.
 - 1 Placing a tube (a catheter) into the artery that goes to my lungs (the pulmonary artery) so that the medical staff can check on how well my heart and lungs are working. The risks of having this catheter include bleeding, infection, bleeding inside my chest (hemothorax), and air inside my chest (pneumothorax).
 - 1 Placing a tube into one of my veins (a central venous line) so that the medical staff can measure the amount of fluid in my body. The risks of having this central venous line include bleeding, infection, and bleeding inside the chest (hemothorax).
 - 1 Placing a tube into my chest so that air can go back into my lung. The risks of having this tube include bleeding and infection.
 - 1 Placing a tube through my mouth into my lungs to help me breathe. The risks of having this tube include damaged teeth, bleeding, infection, and cough.

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CONSENT FOR PROCEDURE & TRANSFUSION (continued)

Date: _____ Time: _____ (Patient Label Here)

- 1 I consent to let the authorities of this facility get rid (dispose) of any tissues or other parts that may be removed from my body unless I have consented to donate such tissue or other parts for research or unless applicable law permits use of my discarded tissue or other parts for research without my consent.
- 1 I understand that the University of Kentucky Chandler Medical Center teaches and trains doctors, nurses and other health care providers (an academic medical center). Doctors in training (fellows, residents, interns, and house staff), medical students and other medical trainees may be involved in my care with the appropriate supervision of my doctor.
- 1 I understand that someone from the University of Kentucky may contact me in the future to ask me about my health or to take part in research.

Physician can use space below for illustration or additional explanation.

I have read this consent form, and it has been explained to me. I understand the planned procedure(s), the sedation and anesthesia that will be used, the possibility that I will receive a transfusion, and the risks of transfusion. I have had the chance to ask all of the questions I have about this procedure(s), its alternatives, its risks, its benefits, and possible complications. I have been given answers to my questions, and I understand the answers.

Signatures

Witness

Patient

Physician

Print Patient Name

Date Time