



Authorization for Standard Treatments and Procedures in the Intensive Care Unit
Arterial Catheter Placement and Replacement
Central Venous Catheter Placement and Replacement
Pulmonary Artery Catheter Placement

Please read this document carefully and in its entirety. Signing this document means that you have read the entire document and understand the contents herein and the potential risks of the treatments and/or procedures for which you are consenting while in the Hartford Hospital Intensive Care Unit.

I understand and acknowledge that certain treatments and procedures are standard for patients receiving care in the Hartford Hospital Intensive Care Unit (the "ICU") and may be necessary for diagnostic or therapeutic purposes while I am a patient in the ICU. I also understand and acknowledge that my illness, the anesthesia, sedatives and analgesics used to diagnose or treat my illness and the need to act without undue delay may make it difficult to obtain informed consent on each occasion prior to the performance of a diagnostic or therapeutic treatment or procedure.

I understand that I may not need any of the treatments or procedures listed below, but to the extent that I do, I am consenting in advance. Should I need any of these treatments or procedures and I am capable of giving consent, the clinical staff will inform me once again of my choices.

In anticipation that one or more of the following treatments or procedures may be necessary for diagnostic or therapeutic purposes while I am a patient in the ICU, I hereby authorize my attending physician or the physician on duty and/or the Physician Assistant ("PA") or Advanced Practice Registered Nurse ("APRN") on duty to perform the treatments and procedures listed below. I also authorize other Hartford Hospital staff to assist for the purpose of performing medical or surgical tasks as part of the treatments and procedures listed below.

I understand that interns, residents, and/or medical students may also be in attendance and/or assisting in the performance of the specified treatments and procedures listed below. In addition, I understand that there may be emergency and/or unforeseen circumstances that are encountered while performing the treatments or procedures listed below that may require the performance of additional procedures, other than those specified herein.

I have had explained to me: (i) the nature and purpose of each the proposed and potentially necessary treatments and procedures; (ii) the foreseeable risks and consequences of each of the proposed and potentially necessary treatments and procedures, including the risk that the proposed and potentially necessary treatments or procedures may not achieve the desired objective; and (iii) the alternatives, if any, to each of the proposed and potentially necessary treatments and procedures and the associated risks and benefits to such alternatives, including the risks and benefits of not undergoing the treatments and procedures. Specifically, in obtaining my informed consent to the proposed and potentially necessary treatments and procedures, I have been informed of the following purposes and benefits, reasonably foreseeable risks and alternative therapies associated with the treatments and procedures listed below:



1. Arterial Catheter Placement and Replacement:

- a. Nature and purpose of treatment/procedure: A catheter is placed in your artery in order to continuously measure your blood pressure and obtain blood specimens for laboratory studies, including arterial blood gases so that we can monitor your status. The catheter is usually inserted in the wrist area but may be placed in other locations, such as the groin, foot and axilla.
- b. Material risks of treatment/procedure: Risks may include pain, swelling and bruising at the insertion site, infection, injury to the artery, clotting of the artery, and poor circulation to the leg or arm.
- c. Alternative treatment/procedures: Blood pressure may be monitored by a non-invasive cuff placed around the arm and blood specimens may be drawn through an insertion of a needle into your vein or artery.

2. Central Venous Catheter Placement and Replacement:

- a. Nature and purpose of the treatment/procedure: A catheter is placed in your large vein to allow administration of medicines, such as medicines that may be irritating to your veins, and fluids, and blood that may be needed quickly and in large amounts. The catheter also allows close monitoring of your fluid status and heart function. In addition, the catheter provides access for other invasive monitoring devices should they become necessary. These IV lines may be placed in the neck, under the collarbone or in the groin.
- b. Material risks of treatment/procedure: Risks may include injury to your lung (possibly resulting in collapse of your lung), injury to an adjacent artery, infection, bruising at the insertion site, blood clot and lethal air embolism..
- c. Alternative therapies: There are no equally effective alternatives, but in some cases a peripherally inserted central catheter may be used.



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3. Pulmonary Artery Catheter Placement:

- a. Nature and purpose of treatment/procedure: A balloon-guided IV catheter is placed in a large vein (usually in the neck or under the collarbone through a central venous catheter) and floated into the right side of your heart and pulmonary arteries for continuous measurement of heart and lung function.
- b. Material risks of treatment/procedure: Risks may include transient irregular heart rhythm disturbances, pulmonary artery rupture, collapse of lung, injury to the adjacent artery, infection, blood clot and a lethal air embolism.
- c. Alternative therapies: There are no alternatives for measuring heart pressure.

I am also aware that, in addition to the reasonably foreseeable risks described above, that there are other foreseeable risks which have been discussed with me, but are not listed above. I affirm that I understand the purpose and potential benefits of the proposed and potentially necessary treatments and procedures, that no guarantee has been made to me as to the results that may be obtained, and that an offer has been made to me to answer any of my questions about the proposed and potentially necessary treatments and procedures.

I agree to the use of sedation/analgesia as required in connection with the above procedures.

This consent may be revocable by me at any time, except to the extent it has already been relied upon.

I acknowledge that I have received educational material on Catheter-Associated Bloodstream infections.

Signature

Date:

Time:

SIGNATURES ON THE FOLLOWING PAGE



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Physician/PA/APRN

Date:

Time:

Patient Signature

Date:

Time:

Legally Authorized Representative Signature

Date:

Time:

Interpreter responsible for explaining procedures and special treatment:

Interpreter

Date:

Time:

PATIENT UNABLE TO SIGN PRIOR TO TREATMENT OR PROCEDURE BECAUSE

Witness: _____ M.D.

Date:

Time:

Signed: _____

Witness: _____

Date:

Time:

Signed: _____