



2400

Informed Consent for Heart Transplant

I hereby authorize Dr. _____ to perform a Heart Transplant on me.

The transplant procedure may include: Trans-esophageal echocardiogram (TEE)
 PFO Closure
 Tricuspid Valve Annuloplasty

I have had explained to me in connection with the proposed heart transplant the following:

- 1.) the nature and purpose of the proposed heart transplant;
- 2.) the known risks and consequences of the proposed heart transplant including the risk that this surgery may not achieve the desired objective;
- 3.) the alternatives to the proposed heart transplant and the associated risks and benefits to such alternatives;
- 4.) the reasonably known risks and alternatives to the transfusion of blood and blood products should I need a blood transfusion including but not limited to: allergic reactions such as itching, fevers, hives; infections such as Hepatitis B, C, HIV (though blood is thoroughly tested it is not guaranteed); and immune system reactions of varying degrees.

I have also been informed of, and understand, the following known risks of a heart transplant:

- Anesthesia risks
- Kidney failure
- Stroke
- Graft failure requiring mechanical support (ventricular assist device, balloon pump, or ECMO)
- Blood clots in legs or lungs
- Pneumonia
- Bleeding
- Fluid collection(s)
- Infection
- Rejection
- Death

Initials _____

I have been informed of, and understand, the Hartford Hospital Transplant Center's most recent SRTR (Scientific Registry of Transplant Recipients) data, my right to refuse transplant or treatment and the specific risks associated with the specific organ I am to receive. Donors are evaluated and screened according to UNOS (United Network of Organ Sharing) Policy. There is no comprehensive way to screen potential donors for all transmissible diseases and on occasion, infectious agents, donor-associated tumors/malignancies or genetic diseases may be identified and transmitted after transplant. Donor evaluation and screening results may impact post-transplant evaluation, screening and management.

Initials _____

I have been informed and understand that residents, medical students, physician assistants and/or advanced practice registered nurses may also be in attendance, and/or assisting in the performance, and/or performing significant medical/surgical tasks during the heart transplant. In addition, I understand that there may be unforeseen circumstances that are encountered while performing the above listed surgery that require the assistance of other qualified medical personnel who have not been identified.

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2400

The Public Health Service (PHS) has identified certain organs as being at particular risk of transmitting infectious disease when they are used for transplant. Receiving any donor organ carries a risk of receiving an organ with compromised function and/or the transmission of diseases despite appropriate screening and negative findings. These infectious diseases include but are not restricted to human immunodeficiency virus (HIV), hepatitis C (HCV) and hepatitis B (HBV).

The heart that we are offering to you is from a donor who, within the 30 days before organ donation, met the PHS risk criteria for one of more of the following reasons:

Not Applicable

- Sex (i.e., any method of sexual contact, including vaginal, anal, and oral) with a person known or suspected to have HIV, HBV or HCV infection;
- Man who has had sex with another man;
- Sex in exchange for money or drugs;
- Sex with a person who had sex in exchange for money or drugs;
- Drug injection for nonmedical reasons;
- Sex with a person who injected drugs for nonmedical reasons;
- Incarceration (confinement in jail, prison, or juvenile correction facility) for ≥ 72 consecutive hours;
- Child born to a mother with HIV, HBV or HCV infection;
- Child breastfed by a mother with HIV infection; or
- Unknown medical or social history.

Initials _____

Chagas Disease - Recent travel of donor or donor originally from South America with risk of exposure to *Trypanosoma Cruzi*

Not Applicable

Initials _____

The heart we are offering you is not considered a standard criteria donor heart for the following reasons:

- Not applicable
- Donor age > 45
- Undersized donor
- Wall motion abnormalities or left ventricular ejection fractions (EF) < 45%
- Inotrope requirement (medications that improve blood pressure.)
- Coronary artery disease
- Potential time from procurement to implant of more than 4 hours
- Structural heart disease (leaky valves, for example)
- Donation after circulatory death (DCD)



2400

The heart we are offering you is from a:

- Not applicable
- Hepatitis B positive organ donor
- Hepatitis C nucleic acid testing (NAT) positive organ donor
- Hepatitis C antibody positive, NAT negative organ donor

I am aware that, in addition to the reasonably known risks described, there are other foreseeable known risks, which have been discussed with me, but are not listed. I affirm that I understand the purpose and potential benefits of the heart transplant, 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 heart transplant.

I agree to the use of anesthesia and/or sedation/analgesia as required, and if applicable, the disposal of any tissue removed.

Initials _____

I authorize the Hospital and my provider(s) to photograph, record, videotape and/or use any other mediums which result in the documentation of my image for medical, scientific or educational purposes.

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

Patient or Legally Authorized Representative (signature)	Date	Time
Telephone/Verbal Consent obtained from (print full name)	Date	Time
Relationship if not patient	<input type="checkbox"/> Official Interpreter Signature or ID #	
Resident/Fellow/Advanced Practice Provider (APP) Signature	Resident/Fellow/APP (Print full name)	Date
ATTENDING Physician Signature	ATTENDING (print full name)	Date
Witness (Provider or RN) Signature - mandatory for telephone consent	Date	Time