



45350

Central Venous Catheter Placement

CONSENT FOR SURGICAL OR OTHER INVASIVE PROCEDURES

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

I authorize _____ MD/NP/PA/_____ (other) and NewYork-Presbyterian Hospital (NYP) and its staff to perform the following surgical/invasive procedure.

Procedure Side, Site and Level – Check applicable box(es): (No acronyms or abbreviations except for spinal levels)	
Internal Jugular Vein and/or Subclavian Vein and/or Femoral Vein	
Side:	<input checked="" type="checkbox"/> N/A (explain) Exact site and side of procedure will be determined with real time ultrasonography during the procedure
Procedure:	Central Venous Catheter Placement

My signature below means that:

- I understand the following information which has been explained to me:
 - The nature and purpose of the surgery or procedure and the medical risks and benefits of the surgery or procedure.
 - The likelihood of achieving the treatment goals.
 - The potential problems that might occur during recuperation.
 - Any other reasonable treatment choices including no treatment and the medical risks and benefits.
 - The practice of medicine is not an exact science and no guarantee has been made to me about the outcome of the surgery or procedure.
 - That tissue, organ or body parts removed during surgery will be used for medical diagnosis and thereafter any remaining tissue, organs or body parts for the advancement of medical science.
 - There are medical risks and benefits of anesthesia that will be explained to me by the person or team providing the anesthetic.
- I have had the chance to ask questions and my questions have been answered to my satisfaction. I consent to the procedure described above.

By initialing below, I agree to allow:

- _____ A surgical product representative to be present.
- _____ Approved visitors to be present.
- _____ Photography and/or filming for internal medical study/education or performance improvement purposes.

_____	_____	_____	_____	Time: _____	AM/PM
(Patient/Health Care Agent (HCA)/	(Printed Name)	(Relationship to Patient)	mo./day/year		
Guardian/Family Signature/Verbal Consent)			(date)		

_____	_____	_____	_____	Time: _____	AM/PM
(Witness confirming Patient/HCA/	(Printed Name)	(Relationship to Patient)	mo./day/year		
Guardian/Family Signature/Verbal Consent)			(date)		

Check this box if telephone/verbal consent. Print the name/relationship of the person consenting verbally in the above appropriate spaces.

Check this box if an interpreter was involved; Interpreter Name: _____ Code: _____

If the patient is under 18, obtain permission from parent or legal guardian, unless the patient is married or a parent.

Correct Surgery/Procedure, Site/Side Verification, Attending Physician Attestation of Informed Consent:	
<i>(To be completed by Attending MD/appropriately credentialed practitioner performing the surgery/procedure on day of procedure or 24 hours prior to procedure for inpatients.)</i>	
Date: _____	Time: _____ AM/PM Central Venous Catheter Placement
Internal Jugular Vein and/or Subclavian Vein and/or Femoral Vein	
Side:	<input checked="" type="checkbox"/> N/A (explain) Exact site and side of procedure will be determined with real time ultrasonography during the procedure
Patient/HCA/Guardian/Family (Signature) _____	
Nurse (Signature) _____ Nurse (Print Name) _____	
Attending MD/Appropriately Credentialed Practitioner (Signature) _____ MD/NP/PA/ _____	
Attending MD/Appropriately Credentialed Practitioner (Print Name) _____ ID Code _____	
<input type="checkbox"/> Check this box if interpreter was involved. Interpreter Name _____ Code _____	
A DOCUMENTED TIME-OUT MUST BE PERFORMED	