



PROCEDURE CONSENT

Patient Name _____

DOB _____

You have been given information about an invasive vascular access procedure. This consent form is designed to provide a written confirmation of such discussions by recording some of the more significant medical information given to you. This includes the risks and benefits, as well as alternatives to the procedure. This information is intended to give you a clear explanation so that you may give or withhold informed consent to the proposed procedure(s).

PROCEDURE(S) TO BE PERFORMED (CHECK ALL THAT APPLY):

- MIDLINE:** A *Midline* is a catheter (8cm in length or longer) that is inserted into one of the veins in the arm with the tip not advancing past the axillae. It is intended for a short to moderate length of infusion therapy (typically 6-28 days)
- PICC:** A *Peripherally Inserted Central Catheter* is a catheter that is inserted into one of the veins in the arm with the tip advanced to a central vein. It is intended for long-term infusion therapy (typically greater than 2 weeks) or any duration for the administration of irritating medications (i.e. parenteral nutrition, chemotherapeutics, vesicants, etc.).
- CVC:** A *Central Venous Catheter* is a catheter that is inserted in one of the veins of the neck with the tip advanced to a central vein. It is intended for short term therapy for the critically ill requiring a complex infusion regimen or long-term therapy for patients with a history of renal failure or dialysis.
- A-LINE:** An *Arterial Line* is a short catheter that is inserted in one of the arteries of the arm. It is intended for invasive blood pressure monitoring and drawing arterial blood lab studies.

RISKS AND HAZARDS:

As with all invasive procedures, some risks are involved with the placement of vascular access devices. Any time a needle enters the skin there is a risk for bleeding and infection. There are other potential complications, these include but are not limited to:

- Bleeding at the insertion site
- Infection at the insertion site
- Infection of the catheter
- Infection of the blood stream
- Blood clot formation in the veins (DVT/Thrombus)
- Nerve/arterial injury
- Improper positioning
- Catheter tip migration
- Difficulty removing catheter
- Pain with infusion
- Air embolism

PERMISSION:

Any questions about the insertion of the vascular access device(s), including the benefits and risks have been explained to my satisfaction prior to this consent being signed. I understand I can ask further questions, but do not request further explanation at this time. I hereby authorize a clinician from New England Vascular Access to perform the procedure(s) checked above on this form. This consent will remain effective for 72 hours unless revoked by me.

Patient, Parent, or Person Legally Authorized to Consent

Relationship/Explanation

Provider Explaining the Procedure

Date

Time

Witness/Confirmation of Signature

Date

Time