Informed Consent for Surgery or Designated Procedure (Long Version)

To be completed by provider/practitioner or authorized staff. An order for the procedure from the provider/practitioner is required.

Procedure or expected repeat of same procedure in medical terms (add lay language as needed):

Reason for the procedure:

Procedure will be done or supervised by:

I have discussed the procedure and the information stated above with the patient (or the patient’s authorized decision-maker) and answered his or her questions. The patient (or decision-maker) consented to the procedure.

Provider/practitioner’s signature

Date

Time

Interpreter name (if used)

Language/Organization

Date

Time

I have read this entire 4-page form, and my questions have been answered. I understand the information I have been given. I agree to the procedure. I have made my special needs and instructions known.

Signature of patient (or patient’s authorized decision-maker)

Date

Time

Print name of patient’s authorized decision-maker

Relationship to patient

To be completed by person(s) witnessing or verifying the patient’s or patient’s authorized decision-maker’s signature. Initial one of the three options below and sign the signature line.

• I have witnessed the signature of the patient or patient’s authorized decision-maker. _____ (initials) Or:
• I have heard the telephone consent of the patient’s authorized decision-maker. _____ (initials) _____ (initials) Or:
• I have verified that the signature completed before the patient’s arrival for the procedure is that of the patient or patient’s authorized decision-maker. _____ (initials)

Signature

Date

Time

Signature of 2nd person witnessing authorized decision-maker’s telephone consent

Date

Time

Interpreter name (if used)

Language/Organization

Date

Time

Consent for procedure(s) is valid beginning within 90 days of patient signature date, unless risk factors have changed.
I’ve talked with my doctor about this procedure. I’ve been told:

• What the procedure is, what will happen and how it may help me (the benefits).
• How it may harm me (the most likely and most serious risks).
• The long-term effects the procedure will or might have.
• My other choices for treatment and the risks and benefits of those choices.
• What will likely happen if I say “no” to this procedure.
• How I might feel right after the procedure and how quickly I might be expected to recover.
• What medicines will be used to manage pain or sedate me.
• If problems are found during the procedure, the procedure may need to be stopped or changed to help me.

I agree that: [If you do not agree with a statement, cross it out and write your initials next to it.]

1. Even if I have “do not resuscitate” (DNR) wishes, I will be resuscitated if my heart or breathing stops during the procedure.
2. My doctor may have help from others during the procedure. These others may include doctors, doctors or nurses in training, students and others as approved by the facility. The help they may give will depend on their training. I have been told who will help, if known, at the time I sign this form.
3. Students and other appropriate people, approved by the facility, may watch the procedure.
4. Tissues or organs removed from my body as part of the normal course of the procedure may be examined or tested. Leftover tissues or organs that are not needed for care may be used for research or teaching purposes. Leftover tissues will not be labeled with my name or other information that would identify me. Tissues will not be sold. All will be disposed of with respect.
5. If any other person is exposed to my blood or body fluids, or if I am exposed to the blood or body fluids of someone else, I agree that my blood will be drawn and tested for HIV and hepatitis. The sooner testing is done, the sooner treatment can be started if it is needed. My test results will be reported to me and my doctor. By law, my test results will also go to:
   • Fairview Employee Occupational Health Services, if the person exposed to my blood or bodily fluids is a health care worker.
   • Infection Prevention at this facility (for reporting to state health officials if the results show that I have HIV or hepatitis).
6. I may have a blood transfusion. I have been given information about:
   • Why I may need a blood transfusion.
   • Blood safety and other options for treatment.
   • The risks, benefits and side effects of transfusion—and the risks of not having one.

I understand that:

• My doctor and care team want me to ask any questions I may have.
• I can change my mind. If I do, I must tell my doctor or care team as soon as possible.
• Problems or complications can happen. No one can predict exactly what will happen.
• The team members may change during the procedure if necessary.
• For my safety, the team will ask me who I am, what I am having done and the site of the procedure.
• Pictures or videos may be taken. They may be used for medical purposes. If used for educational purposes, they will not be labeled with my name or other information that would identify me.
Blood Transfusions: Questions and Answers

What is a transfusion?
During your treatment, we may need to give you blood. This is called a transfusion. Blood is given through a needle in a vein. It takes up to 4 hours. It may include:

- **Red blood cells.** These help replace blood you may have lost through bleeding or illness. They will increase your blood’s ability to carry oxygen.
- **Platelets.** These help blood to clot. They are used for low platelet counts and some bleeding disorders.
- **Plasma and cryoprecipitate.** These help the blood to clot. They are used to treat some bleeding disorders.
- **Granulocytes (a type of white blood cell).** These help your body fight infection.

If you need a transfusion, your doctor will prescribe one. We will ask you to sign a consent form before your first transfusion. Do not sign this form until all your questions have been answered.

Before your transfusion, we will double check your identity for your safety.

What is the risk of getting a disease from a transfusion?
The chances are low. Donors are carefully screened before giving blood. Also, before any donated blood is used, it must be tested for infectious diseases. Here are examples of your risk for infection:

- Hepatitis B: 1 in 200,000
- Hepatitis C: 1 in 1.8 million
- HIV: 1 in 2.3 million
- HTLV-I: 1 in 3 million
- Bacterial infection: 1 in 500,000 if receiving red blood cells or 1 in 75,000 if receiving platelets
- Other infectious diseases (such as West Nile virus): less than 1 in 7 million
- Other infections (such as Chaga’s disease): very rare
- Babesiosis: rare, but risk is higher in summer

What are some of the side effects?
While most transfusions have no side effects, you could have some of the symptoms listed below. If you think you may be having a reaction, tell your doctor or nurse right away. Common reactions include:

- Fever or chills
- Skin rash, hives, itching or flushing
- Wheezing or trouble breathing
- Jaundice (yellow eyes and skin)
- Chest or back pain
- Facial swelling
- New or ongoing cough
- Bruising
- Red or brown urine, or less urine output
- Irritation at the infusion site

Some symptoms may occur up to four weeks after a transfusion. If you have symptoms of any kind, contact your doctor.
What are the risks of not having a transfusion?

- **Anemia (low red blood cells).** This might cause a fast heartbeat and make you feel weak, tired and breathless. If severe, it might lead to organ failure and death.
- **Bleeding.** If your blood doesn’t clot well, blood loss might lead to anemia, brain damage or death.
- **Weaker immune system.** Your body might be less able to fight infection or heal wounds.

Are there other options besides transfusion?

Medicine (such as erythropoietin or iron pills) can cause the body to make more red blood cells. It may take months to replace all of the red blood cells you have lost.

In some cases, you can donate your own blood before surgery. The blood may be given back to you during your surgery. This is called autologous donation.

Supplemental documentation by provider/practitioner (notes, drawing, etc.) as needed:

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________


*ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 612-273-3780.*

*We comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex.*