



PROCEDURE CONSENT

Patient Name: _____ DOB: _____

You have been given information about a procedure where a catheter is to be placed into one of your vessels. 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, including not performing it. The risks of these alternatives have also been discussed. This information is intended to give you a clear explanation so that you may give or refuse to give 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 the upper 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 the upper 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.).

RISKS AND HAZARDS:

As with all invasive procedures, some risks are involved with the placement of a catheter. 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, risks, alternatives, risks of the alternatives including no treatment 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 Vascular Access Specialist from VellumHealth the procedure(s) checked above on this form. Consent will remain effective for 72 hours - 60days (facility dependent) 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