



Department of Anaesthesiology

ICU Procedure Consent Form

Date

Name :	Age :	Sex	Height.....
Wt :	BMI :	CR No:.....	ICU Sr. No.....
Address :			

As part of the regular care for you/your family member, the Intensive Care physicians may need to Perform a variety of procedures to help you/your family member recover from your/their illness. Any number of these procedures (from none to all) may be required during you/your family member's ICU stay; some may be performed more than once; some or all may be lifesaving. These procedures may include any of the following:

1. Breathing tube insertion (tube in airway to connect to a breathing machine)
2. Central venous access catheter (tube in a large vein for fluids or medications)Dialysis catheter
3. Chest tube (tube between the lung and chest wall to drain air or fluid) or samples of chest or abdominal fluid
4. Arterial catheter (tube in artery to measure blood pressure)
5. Fiberoptic bronchoscopy (flexible lighted viewing device to look in the airway)
6. Peritoneal lavage (fluid used to wash out the abdomen)
7. Wound debridement (cutting away of dead tissue from a wound), incision and drainage or repair
8. Nasogastric or oral feeding tube placement (through nose or mouth into stomach)
9. Transfusion of blood or blood products
10. Brain Pressure monitor/drainage (tube in/around brain to measure/relieve pressure)
11. Spinal tap to sample fluid around your spinal cord
12. Tracheostomy.

Risks of Procedures: Each of these procedures has unique risks. In general, the major risks from this group of procedures includes: pain, scar, bleeding, and infection, failure of procedure, repeat procedure, and injury to adjacent structures. Given the nature of the critical illness that requires ICU level care, death is possible as well.

Consent: I have had the opportunity to review the above portions of this form, ask questions from the ICU Physician, and have had the above procedures explained to my satisfaction. I understand that the procedures listed above may be performed in the care of the patient.

Patient/Substitute Decision Maker	Witness :
Name :	Name :
Relationship :	Relationship :
Signature / Thumb Imtression	Signature / Thumb Imtression
Date :	Date :

Name of Doctor :	Signature :
Designation :	Date :