

<h1 style="text-align: center;">Chest Drain Insertion</h1> <h2 style="text-align: center;">Consent Form</h2>	Addressograph, or	
	Name	
	DOB	
	Unit no. / CHI	
<p>Name of procedure/investigation: Chest drain insertion</p> <p>Right side <input type="checkbox"/> Left side <input type="checkbox"/> <i>(tick as appropriate)</i></p> <p>Explanation: Insertion of a plastic tube between the ribs under local anaesthetic to allow drainage of fluid or air from the pleural space (the area between the lung and rib cage)</p> <p>Pre-consent patient information: <i>(if applicable, e.g. patient information leaflet, website)</i></p> <p>Title: _____ Version: _____ Date: _____</p>		

<p>To the patient:</p> <p>You may change your mind at any time, including after you have signed this consent form.</p> <p>Patient statement: The healthcare professional signing below has explained the procedure, intended benefits, and potential risks to me.</p> <p>I have also read and understood the benefits and risks related to the procedure as summarised here:</p> <p><i>Intended benefit:</i></p> <p>Removal of air or fluid from the pleural space</p> <p><i>Serious, unavoidable or frequently occurring risks:</i></p> <p>Failure of insertion/drainage, incorrect positioning of chest tube (less than 2%), pain, infection (less than 3%), difficulty breathing or low blood oxygen levels after insertion (less than 2%), air leak into chest wall (less than 1%), organ damage, bleeding (in rare cases may require a blood transfusion), low blood pressure</p> <p>Individual /other risks: <i>(clinician to add as appropriate)</i></p> <p>I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will however have the appropriate experience. Where undertaken by a clinician who is training to perform the procedure, they will be supervised by a fully qualified practitioner.</p> <p>I agree to the procedure mentioned above.</p>	
<p>Patient's signature:</p> <p>Print name:</p>	<p>Date:</p> <p>___/___/___</p>
<p>Healthcare professional's statement: I have confirmed that the patient understands what the procedure involves, including the benefits and any risks. I have confirmed that the patient has no further questions and wishes the procedure to go ahead.</p>	
<p>Clinician's signature:</p> <p>Print name and status:</p>	<p>Date:</p> <p>___/___/___</p>
<p>Statement of Interpreter <i>(where appropriate)</i>: I have interpreted the information above to the patient to the best of my ability and in a way in which I believe that she / he / they can understand.</p>	
<p>Signature:</p> <p>Or, please note the telephone interpreter ID number:</p>	<p>Date:</p> <p>___/___/___</p>