



Affix Patient Label

Patient Name:

Date of Birth:

### Informed Consent: Drainage Chest Tube Placement

This information is given to you so that you can make an informed decision about having a **drainage chest tube placement**. This procedure is most often done with moderate sedation or anesthesia.

#### Reason and Purpose of this Procedure:

Drain the fluid or air from the chest cavity collection to improve symptoms and make recovery more rapid.

The radiologist will use ultrasound, computed tomography, or X-ray fluoroscopy to guide precise placement of a small drainage catheter into chest cavity (also called the pleural space), outside the lung. A tiny incision in the skin will be made. A small needle will be placed through the skin into the abnormal area to be drained. The radiologist will place a small wire with a soft tip through the needle into abnormal area. A drainage catheter will be placed over the wire into the abnormal area. After placement, the drainage catheter will be attached to a collection device which will remain connected to the drainage catheter. Your ability to get up and walk around will be limited some by the collection device.

Local anesthetic will be injected at the chest tube insertion site. For most patients, the procedure is well tolerated. Some patients will have moderate discomfort, which is well controlled with the intravenous sedation and pain medication. If general anesthesia or stronger sedation is needed, your doctor will discuss that with you.

In some patients, a blood thinning medication is injected into the chest tube to help break up thick fluid or blood clots. This can significantly improve drainage but does increase the risk of bleeding.

#### Benefits of this Procedure:

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- Improve breathing and lung function by removing fluid or air from the chest cavity.
- Diagnose the type of infection, if present, and help choose correct antibiotics.
- Avoid surgery.
- Treat and cure the infection.

#### Risks of this Procedure:

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect.

- **Bleeding.** Bleeding can occur in the chest wall, in the chest cavity outside the lung, or in the lung. In rare cases this could require a blood transfusion or an emergency procedure to stop bleeding.
- **Infection.** Can occur in the skin or soft tissue under the skin or in the chest cavity. This would be treated with antibiotics.
- **Injury to the lung.** This could require surgery to repair or placement of a new chest tube. This could make breathing worse.
- **Injury to other organs** in the chest or upper abdomen.
- **Fluid in the lung.** In rare cases, fluid can build up in the lung after removal of a large amount of fluid or air from the chest cavity. This can cause breathing difficulty.
- **Complications from sedation medicine.** These include low blood pressure and breathing problems including slow breathing and choking on vomit (aspiration). If you are sedated you will be monitored by a nurse and given oxygen to breath.

#### Potential Radiation Risks:

- **Any exposure to radiation may cause a slightly higher risk for cancer later in life.** This risk is low.
- **Skin rashes.** Skin rashes may lead to breakdown of skin and possibly severe sores. This is rare.
- **Hair loss.** This does not happen to everyone. This can be temporary or permanent.
- **It is possible we may have to use higher doses of radiation.** If we do, we will tell you.
- **If you see changes with your skin, you should report them to your doctor.**

**Risks Associated with Smoking:**

Smoking is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

**Risks Associated with Obesity:**

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

**Risks Specific to You:**

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**Alternative Treatments:**

Other choices:

- For some conditions, surgery is an option.
- Do nothing. You can decide not to have the procedure.

**If you Choose not to have this Treatment:**

- Your recovery may take longer.
- You might not recover.
- You might require surgery that could be avoided with a drainage procedure.

**Information on Moderate Sedation:**

You will be given medicine in an IV to relax you. This medicine will also make you more comfortable. This is called “moderate sedation”. You will feel sleepy. You may even sleep through parts of your procedure. We will monitor your heart rate and your blood pressure. We will also monitor your oxygen level.

If your heart rate, blood pressure or oxygen levels fall outside the normal range, we may give medications to reverse the sedation. We may be unable to reverse the sedation. We may need to support your breathing.

Even if you have a NO CODE status:

- You may need intubation to support your breathing.
- You may need medications to support your blood pressure.

We will re-evaluate your medical treatment plan and your NO CODE status when sedation has cleared your body.

**Benefits of Moderate Sedation:**

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- Less pain during the procedure.
- Less anxiety or worry.
- Decreasing your memory of the procedure.

**Risks of Moderate Sedation:**

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect. The list includes:

- Decreased breathing during the procedure and dropping oxygen levels. To help you breathe, a tube may be placed into the

mouth or nose and into the trachea to help you breathe.

- Allergic reactions: nausea & vomiting, swelling, rash.
- Vomit material getting into the lungs.
- A drop in blood pressure. This needs fluids or medicine to increase blood pressure.
- Heart rhythm changes that may require medicines to treat.
- Not enough sedation or analgesia resulting in pain or discomfort.

Your physical and mental ability may not be back to normal right away. You should not drive or make important decisions for at least 24 hours after the procedure.

**General Information:**

During this procedure, the doctor may need to perform more or different procedures than I agreed to.

During the procedure, the doctor may need to do more tests or treatment.

Tissues or organs taken from the body may be tested. They may be kept for research or teaching. I agree the hospital may discard these in a proper way.

Students, technical salespeople, and other staff may be present during the procedure. My doctor will supervise them.

Pictures and videos may be taken during the procedure. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected.



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**By signing this form, I agree:**

- I have read this form or had it explained to me in words I can understand.
- I understand its contents.
- I have had time to speak with the doctor. My questions have been answered.
- I want to have this procedure:  Left  Right  Bilateral | **Drainage Chest Tube Placement** \_\_\_\_\_  
**Chest Tube Location:** \_\_\_\_\_
- I understand that my doctor may ask a partner to do the procedure.
- I understand that other doctors, including medical residents or other staff may help with the procedure. The tasks will be based on their skill level. My doctor will supervise them.

**Provider:** This patient may require a type and screen or type and cross prior to procedure. If so, please obtain consent for blood/products.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Relationship:**  Patient       Closest relative (relationship) \_\_\_\_\_       Guardian/POA Healthcare

Reason patient is unable to sign: \_\_\_\_\_

Interpreter's Statement: I have interpreted the doctor's explanation of the consent form to the patient, a parent, closest relative or legal guardian.

Interpreter's Signature: \_\_\_\_\_ ID #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Telephone Consent ONLY:** *(One witness signature MUST be from a registered nurse (RN) or provider)*  
 1st Witness Signature: \_\_\_\_\_ 2nd Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**For Provider Use ONLY:**  
 I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.  
 Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Teach Back:**  
 Patient shows understanding by stating in his or her own words:  
 \_\_\_\_\_ Reason(s) for the treatment/procedure: \_\_\_\_\_  
 \_\_\_\_\_ Area(s) of the body that will be affected: \_\_\_\_\_  
 \_\_\_\_\_ Benefit(s) of the procedure: \_\_\_\_\_  
 \_\_\_\_\_ Risk(s) of the procedure: \_\_\_\_\_  
 \_\_\_\_\_ Alternative(s) to the procedure: \_\_\_\_\_  
**OR**  
 \_\_\_\_\_ Patient elects not to proceed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
*(Patient signature)*  
 Validated/Witness: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_