



Affix Patient Label

Patient Name:

DOB:

Informed Consent for A Radiology Guided Nasogastric (NG) or Nasojejunal (NJ) Tube Placement

This information is given to you so that you can make an informed decision about having **Radiology Guided Nasogastric (NG) or Nasojejunal (NJ) Tube Placement**.

Reason and Purpose of the Procedure:

Nasogastric Tube:

A nasogastric tube is a small tube that is passed through the nose, down the esophagus, and into the stomach. Once an NG tube is in place, food and medicine can be delivered directly to the stomach. It is also used to remove substances from the stomach. It is often placed to treat gastric immobility and bowel obstructions.

Nasojejunal Tube:

A nasojejunal tube is a small tube that is passed through the nose, down the esophagus, and guided into the jejunum (small bowel). The tube is used to feed patients who are not able to eat enough.

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.

- Relief of symptoms and bowel rest in the setting of small-bowel obstruction.
- Removal of stomach content.
- Administration of medication.
- Feeding.

Risks of 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.

General risks of NG or NJ tube placement:

- **Unable to place the tip of the tube where needed.** Repeat attempts will be made, or tube placement via endoscopy or surgery may be required.
- **Tissue trauma.** This is exceedingly rare. If it does occur you may require a period of bowel rest. If significant leakage of intestinal content occurs you may need surgery to repair.
- **Placement of the catheter can induce gagging or vomiting.** Suction will be ready to use in the event this occurs.
- **Pneumonia from stomach contents getting into your lungs.** This is exceedingly rare. If it does occur you may need antibiotics or hospitalization if symptoms are severe.
- **The tube may enter the lungs and cause a partial lung collapse (pneumothorax).** If this occurs, a chest tube may be placed.
- **Sinus Infection.** You may need antibiotics.
- **If sedation is used, reaction to the anesthetic may occur.** The most common reactions are nausea and vomiting. In rare cases, death may occur.

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Potential radiation risks to you include:

- **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:**Alternative Treatments:**

Other choices:

- Placement of a percutaneous gastric tube (PEG), a tube through your stomach wall.
- Do nothing. You can decide not to have 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 sales people and other staff may be present during the procedure. My doctor will supervise them.
- Pictures and videos may be done 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: **Radiology guided nasogastric (NG) or nasojejunal (NJ) tube placement**
- I understand that my doctor may ask a partner to do the surgery/procedure.
- I understand that other doctors, including medical residents or other staff may help with surgery. 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 surgery. IF so, please obtain consent for blood/product.

Patient Signature _____ Date: _____ Time: _____

Relationship: Patient Closest relative (relationship) _____ Guardian

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

Interpreter: _____ Date _____ Time _____

*Interpreter (if applicable)***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

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.

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: _____