



Affix Patient Label

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

### Informed Consent Incision and Drainage

**Incision and Drainage of** \_\_\_\_\_

This information is given to you so that you can make an informed decision about your child having an **incision and drainage of** \_\_\_\_\_

**Reason and Purpose of the Procedure:**

**An incision and drainage** is a procedure to cut open the skin and drain the fluid (pus) that has collected there. \_\_\_\_\_

**Benefits of this Surgery:**

Your child might receive any of these benefits. Your child’s doctor cannot promise your child will receive any of this benefit. Only you can decide if the benefits are worth the risk.

- Fluid collected can be sent to the laboratory to be looked at. This may help your child’s doctor know what kind of bacteria is causing the infection. Medicine to help kill the bacteria will be given.
- Draining the fluid from the abscess (which is a pocket of infection) will help relieve the infection. This can decrease the risk of it spreading.

**Risks of the procedure:**

No procedure is completely risk free. Some risks are well known. Some of these risks can happen even when all steps are taken to prevent them. There may be risks not included in the list that your child’s doctor cannot expect.

- There may be scarring at the site. It is likely to become less noticeable over time.
- There may be incomplete drainage or the fluid may collect again. This may need a second procedure to drain the site again.

**Risks Specific to your child:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Alternative to the procedure:**

Other choices:

- Treat with medicine alone. Most abscesses do not get better with medicine alone.
- Remove the fluid with a needle. This is not recommended. It does not work well for large complicated abscesses.
- Do nothing. You can decide not to have the procedure. Your child’s doctor will continue to care for him as best they can but some treatment options may not be available to your child.

**If you choose not to have this treatment for your child:**

- The infection may get worse.

**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.
- Students, technical sales people and other staff may be present during the procedure. My doctor will supervise them.

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- Pictures and videos may be done during the procedure. These may be added to my child's medical record. These may be published for teaching purposes. My child's identity will be protected.

**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 my child's doctor. My questions have been answered.
- I want my child to have this procedure: **Incision and drainage of** \_\_\_\_\_
- I understand that my child's doctor may ask another doctor with the same qualifications to do this 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 child's 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.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Relationship:**  Patient       Closest relative (relationship) \_\_\_\_\_       Parent/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 parent has agreed to procedure.

Parent 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**

\_\_\_\_ Parent elects not to proceed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

*(parent signature)*

Validated/Witness: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_