



Affix Patient Label

Patient Name:

Date of Birth:

### **Informed Consent: External Ventricular Drain/Intracranial Pressure Monitor Placement**

This information is given to you so that you can make an informed decision about having **external ventricular drain/intracranial pressure monitor placement**.

#### **Reason and Purpose of this Procedure:**

External ventricular drain (EVD) placement is a procedure that is done to divert cerebral spinal fluid (CSF) as well as monitor pressure inside the skull. If the normal flow of CSF is blocked, this can cause an increase in pressure inside the brain. The EVD helps to drain the excess spinal fluid out of the brain through a small tube into a container outside of the body. This can help keep the intracranial pressure (ICP) within normal limits.

Intracranial pressure monitoring (ICP) is a procedure done to measure pressure inside the skull.

#### **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.

The success of EVD or ICP placement is not the same for everyone. Early diagnosis and treatment improves the chance of a good recovery. The benefits may include:

- Decrease pressure on the brain, which can be life threatening (EVD only).
- Removal of blood on the inside of the to help restore normal flow of CSF (EVD Only)
- Provides closer monitoring of the pressure inside the brain or skull so that you can be treated appropriately.

#### **General Risks of Procedures:**

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.

- Small areas of the lungs may collapse. This would increase the risk of infection. This may need antibiotics and breathing treatments.
- Blood clots may form in the legs, with pain and swelling. These are called DVTs or deep vein thromboses. Rarely, part of the clot may break off and go to the lungs. This can be fatal.
- A strain on the heart or a stroke may occur.
- Bleeding may occur. If bleeding is excessive, you may need a transfusion.
- Reaction to the anesthetic may occur. The most common reactions are nausea and vomiting. In rare cases, death may occur. The anesthesiologist will discuss this with you.

#### **Risks of this Procedure:**

- **Infection or meningitis.** You may need antibiotics or more treatment.
- **Pain and bruising.** This is usually minor but may require pain medicine.
- **Fluid leakage from the insertion site.** You may need antibiotics or further treatment.
- **Blockage of ventricular drain.** You may need additional procedures.
- **Seizures or epilepsy.** This can be caused by irritation to the brain. You may need medicine to treat.
- **Ventricular drain can become dislodged.** You may need re-insertion or additional procedures.
- **Bleeding.** Bleeding in the brain can occur or increase. You may need additional surgery.
- **Skull fracture.** You may need surgery.

**Risks Associated with Smoking:**

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

**Risks Specific to You:**

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**Alternative Treatments:**

Other choices:

- Do nothing. You can decide not to have the procedure

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

- Excess fluid on the brain (hydrocephalus) or excess blood on the brain (hemorrhage) can cause permanent brain injury, convulsions, mental disabilities or death if not treated.

**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: **External Ventricular Drain/Intracranial Pressure Monitor Placement** \_\_\_\_\_
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- 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 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

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: \_\_\_\_\_

**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: \_\_\_\_\_