



Affix Patient Label

Patient Name:

DOB:

## Informed Consent Arterial Line Placement

This information is given to you so that you can make an informed decision about having an Arterial Line Placement.

### Reason and Purpose of the Procedure:

An arterial line is a short, soft, plastic tube (catheter) put directly into an artery. This can be in the wrist, foot, or top of the leg. Your doctor may have to try more than one place to put the catheter. The arterial line is connected to a monitor. Your wrist, foot or leg will be secured on a padded board to keep it still and prevent the line from accidentally being pulled out.

You need an arterial line when:

- Blood must be drawn often to measure how the lungs are working
- Blood pressure must be monitored at all times.
- You may receive medicine to help relieve pain and anxiety during the procedure.

### 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.

- Ability to monitor blood pressure at all times
- Direct access for blood draws. This decreases needle pokes for you.

### Risks of this procedure:

- **Temporary blockage of a blood vessel:** This can be caused by a spasm of the artery. Medication may be used to decrease the spasm. The catheter may need to be removed.
- **Blood clot:** We may have to remove the catheter or use a medication to break up the clot.
- **Bruising:** Pressure bandages may be needed.
- **Lack of blood flow to the area:** This can cause injury to the affected limb. Your child may need surgery. This is very rare.
- **Swelling of the arm or leg:** Raising or elevating the limb may be needed.
- **Injury to the blood vessels:** The catheter would be removed and pressure applied. The injury would be evaluated using radiology.
- **Injury to local nerve:** This is usually temporary.
- **Infection:** Your child may need antibiotics or further treatment.
- **Clot of air breaks off (embolism):** Your child may need treatment.
- **Bleeding:** Your child may need a transfusion.

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**Risks specific to you:**

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**Alternative Treatments:**

Other choices:

- Continue to use the IV's already present.
- Do nothing. You can decide not to have the procedure

**If you choose not to have this treatment:**

- Continuous monitoring of blood pressure will not happen.
- We may not be able to draw blood for lab tests necessary for you.

**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 child's medical record. These may be published for teaching purposes. My child's identity will be protected.

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

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

**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: **Arterial line insertion**  
\_\_\_\_\_.
- 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 this procedure. The tasks will be based on their skill level. My child's doctor will supervise them.

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: \_\_\_\_\_