



Affix Patient Label	
Patient Name:	Date of Birth:

### Informed Consent: Chest Tube Placement

This information is given to you so that you can make an informed decision about having a **chest tube placed**.

#### Reason and Purpose of the Procedure

A chest tube is placed into a space in your chest to remove air, blood or other body fluids. This air, blood or bodily fluids in the chest can be harmful and life threatening. The placement location is based on what is being removed. This procedure can be done two different ways:

- By making an incision in the chest through which tube is placed into the pleural space (fluid-filled space surrounding the lungs).
- By placing a small needle into the pleural space. A guidewire will go into the pleural space through the needle. A chest tube is placed over the guidewire.

#### 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.

- **Removal of air, blood, and/or fluid improving breathing and comfort reducing the need for supplemental oxygen and/or ventilator support.**

#### 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.** If bleeding is excessive, you may need a transfusion.
- **Infection.** You may need antibiotics.
- **Increased pain.** You may need more medicine for pain.
- **Injury to the lung and/or surrounding anatomy.** More surgery and/or procedures may be needed to repair the injury. You may need the tube for a longer period of time or a different type of tube to be placed.

#### 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:

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

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

- Air or blood in the chest may get worse. This may lead to death.
- Worsening breathing and discomfort.

**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:  Right  Left **Chest Tube 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 surgery. If so, please obtain consent for blood/products.

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

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

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**

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: \_\_\_\_\_