



Affix Patient Label	
Patient Name:	Date of Birth:

**Informed Consent: Percutaneous Tracheostomy**

This information is given to you so that you can make an informed decision about having a **percutaneous tracheostomy**.

**Reason and Purpose of the Procedure**

A percutaneous tracheostomy is a procedure in which a tube is inserted through a small incision in the lower front part of the neck. It is done to help you breathe and to replace your endotracheal (breathing) tube. It can also be placed due to swelling or injury to the neck. The tube is inserted into an opening made through the trachea (windpipe). This can be done at the bedside or in the operating room. The provider may need to use a glidescope or bronchoscope (video device) that helps the providers see the airway during endotracheal intubation.

**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.

- **May help you breathe without the need for mechanical ventilation.**
- **May help reduce pain and the need for sedation medicines**
- **May help reduce discomfort from endotracheal tube**
- **May lower the risk of getting a lung infection**
- **May be less likely to become dislodged compared to an endotracheal tube**

**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.

- **Open surgical tracheostomy.** You may need surgery to place the tube.
- **Infection.** You may need antibiotics.
- **Bleeding may occur.** If bleeding is excessive, you may need a transfusion.
- **Injury to nearby structures may occur.** Surgery or procedures may be necessary to repair injury.
- **Scarring at the site where the tube is placed may occur.** This may require more operations and/or procedures to repair.

**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:

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

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

- You may have increased discomfort
- You may need more sedation and/or pain medicines
- You may take longer to come off the ventilator
- You may develop a lung infection
- You may not be able to breathe if the endotracheal (breathing) tube becomes accidentally dislodged

**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.



Affix Patient Label

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

Date of Birth: \_\_\_\_\_

**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: **Percutaneous Tracheostomy** \_\_\_\_\_
- 
- 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: \_\_\_\_\_