

UNIT No.

NAME

ADDRESS

BIRTH DATE

VISIT NUMBER

(If handwritten, record name, unit no. birth date, and visit number)

**Surgical Intensive Care Unit**

**Consent Form**

Date \_\_\_\_\_, 20\_\_\_\_ Time \_\_\_\_\_

**Introduction:**

Welcome to the Surgical Intensive Care Unit (SICU). As part of the regular care for you/your family member, the Intensive Care physicians may need to perform a variety of procedures to help you/your family member recover from your/their illness. Any number of these procedures (from none to all) may be required during you/your family member's ICU stay; some may be performed more than once; some or all may be lifesaving. These procedures may include any of the following:

- breathing tube insertion (tube in airway to connect to a breathing machine)
- central venous access catheter (tube in a large vein for fluids or medications)
- pulmonary artery catheter (tube through a large vein that measures pressures in the heart)
- chest tube (tube between the lung and chest wall to drain air or fluid) or samples of chest or abdominal fluid
- arterial catheter (tube in artery to measure blood pressure)
- fiberoptic bronchoscopy (flexible lighted viewing device to look in the airway)
- peritoneal lavage (fluid used to wash out the abdomen)
- wound debridement (cutting away of dead tissue from a wound), incision and drainage or repair
- nasogastric or oral feeding tube placement (through nose or mouth into stomach)
- transfusion of blood or blood products
- brain pressure monitor/drainage (tube in/around brain to measure/relieve pressure)
- spinal tap to sample fluid around your spinal cord

**Risks of Procedures:**

Each of these procedures has unique risks. In general, the major risks from this group of procedures includes: pain, scar, bleeding, infection, failure of procedure, repeat procedure, and injury to adjacent structures. Given the nature of the critical illness that requires ICU level care, death is possible as well.

**Consent:**

I have had the opportunity to review the above portions of this form, ask questions of the SICU physician, and have had the above procedures explained to my satisfaction. I understand that the procedures listed above may be performed to air in the care of:

\_\_\_\_\_  
(Patient's Name)

\_\_\_\_\_  
(Patient's Signature)

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

This patient is unable to provide consent due to: \_\_\_\_\_

\_\_\_\_\_  
(Authorized Representative Signature) (Relationship)

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

☐ Call prior to all, non-emergent, procedures, day or night