

## Durham VA Healthcare System



Department of Veterans Affairs

### Consent For Clinical Treatment/Procedure

#### A. IDENTIFICATION

**1. Patient name, Social Security Number, and Date of Birth:**

PatientSSN

**2. Decision-making capacity:**

**3. Name of the treatment(s)/procedure(s):**

Kidney Replacement Therapy (Hemodialysis, Continuous Kidney Replacement Therapy and/or Acute Peritoneal Dialysis) for Acute Kidney Injury

**4. Part of the body on which the treatment/procedure will be performed:** (Correct site includes the correct side [i.e., left or right] and the precise anatomical part, such as a specific finger. DO NOT ABBREVIATE.)

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**5. Practitioner obtaining consent:**

**6. Supervising practitioner:** (if applicable)

**7. Additional practitioner(s) performing or supervising the treatment/procedure:** (if not listed above)

#### B. INFORMATION ABOUT THE TREATMENT/PROCEDURE

**8. Reason for treatment/procedure (diagnosis, condition, or indication):**

You have developed kidney failure from acute kidney injury. Your kidneys cannot remove waste products, salt, and fluid from your blood. Kidney replacement therapy (dialysis) is done to remove the waste products, salt and fluid that are building up in your blood. Dialysis will limit the symptoms of kidney failure while we wait to see if your kidneys will start working again.

**9. Brief description of the treatment/procedure:**

Kidney replacement therapy (dialysis) involves cleaning your blood of toxins and removing extra fluid from your body that builds up when the kidneys are damaged.

Kidney replacement therapy (dialysis) can be done many ways. The most used forms are hemodialysis and hemofiltration. In these forms, blood is drawn out of your body safely and with care through a catheter (small tube) that has been placed into a blood vessel in your neck or leg. The blood is passed through a dialysis machine and is returned to you through the same catheter. Waste products that have built up in your blood are removed. Extra fluid may also be

removed. The blood sometimes is kept from clotting as it passes through the dialysis machine with the use of blood thinners.

Hemodialysis and hemofiltration treatments vary in length from a few hours to treatments that last all day. How often you receive treatments differs from daily to every few days (based on your kidney provider's evaluation of how you are doing). When treatments take many hours at a time (less than 6 hours) they are called intermittent hemodialysis; longer treatments (between 8 and 16 hours) are called prolonged intermittent kidney replacement therapy (PIKRT) or sustained low-efficiency dialysis (SLED). When treatments are performed on a nonstop basis (24 hours per day), they are called continuous kidney replacement therapy (CKRT). It is common for the type of treatment to change based on your state of health.

Dialysis is also offered by placing a catheter into your abdomen (belly) to allow sterile fluid (peritoneal dialysate) to flow into and out of the space around your bowels. This fluid has salts, sugar, and other additives. This is called peritoneal dialysis (PD). The toxins that collect in your blood, extra salt and water are drawn into the clean peritoneal dialysate (sterile fluid) and drained out of the catheter. It is then replaced with clean dialysate. This procedure is done many times over the course of the day, either by hand or by using a machine. The details of treatment may change over time, based on your condition and how well you respond to treatment.

The type and details of your dialysis treatment will be decided by your kidney provider after talking with you. The first type of Kidney Replacement Therapy to be used will be [select one]:

- \* Intermittent hemodialysis (IHD)
- \* Continuous kidney replacement therapy (CKRT)
- \* Prolonged intermittent kidney replacement therapy (PIKRT)/SLED
- \* Peritoneal dialysis (PD)

This consent is for the start of acute kidney replacement therapy. The type and how often treatment is given may change over time. Completing another informed consent form will not be needed for each change in your treatment. We will ask you to complete another consent form for placement of the catheter into a blood vessel in your leg or neck for hemodialysis, hemofiltration or for placement of the catheter into your abdomen (belly) for peritoneal dialysis.

Your kidney replacement therapy will continue until you get back your kidney function. If it does not get better, you may need dialysis as a long-term treatment. If this occurs, you will be asked to sign a new consent for chronic dialysis.

This consent is valid until there is a major change from the first treatment plan, or if there is a change in your health or diagnosis that would be expected to alter this consent form.

#### **10. Potential benefits of the treatment/procedure:**

All the forms of kidney replacement therapy (dialysis) are done to remove poisons and impurities from the blood that cause symptoms of kidney failure. These are lowered brain function (sleepiness, confusion, coma), loss of appetite, nausea and vomiting. Kidney dialysis helps correct chemical imbalances that happen during kidney failure. These are high potassium levels (hyperkalemia) and a buildup of acid in the blood. All the forms of dialysis can be used to

remove extra fluid from the lungs, blood stream, and other areas which may be adding to having swelling and shortness of breath.

**11. Known risks and side effects of the treatment/procedure:** (Include potential problems related to the recuperation.)

Known risks of this treatment include, but are not limited to:

The risks of dialysis differ with the form of treatment. Risks common to all forms of kidney replacement therapy include:

- \* Fever.
- \* Heart attack.
- \* Heart rhythm disturbances.
- \* Stroke.
- \* Greater sensitivity to cold.
- \* Infections due to bacteria.
- \* Leg pain or cramping.
- \* Very low or high blood pressure.
- \* Risk of spreading of hepatitis (liver infection), human immunodeficiency virus (HIV), and other viruses.
- \* Sepsis (infection in the blood).
- \* Kidney damage.
- \* Death.

Risks that are seen only with hemodialysis and hemofiltration include:

- \* Air bubbles going into the bloodstream.
- \* Allergic reaction to the solution used to sterilize the dialyzer (machine).
- \* Bleeding.
- \* Clotting.
- \* Damage, blockage, or sudden closing of blood vessels.
- \* Infection of the catheter used to reach your blood.
- \* Blockage of the catheter used to reach your blood.

Risks that are seen only with peritoneal dialysis include:

- \* Infection in your belly (peritonitis).
- \* Blockage of the catheter in your belly.
- \* Damage to your bowel by the catheter in your belly.

**Additional risks discussed:**

**12. Alternatives to the treatment/procedure:**

- \* Watching and waiting with your doctor to see if your kidney function improves.
- \* You may choose not to be treated with kidney replacement therapy (dialysis). If your kidney function does not get better, choosing not to undergo dialysis may result in death.
- \* Kidney transplantation may be a treatment in the future if your kidney function does not improve and you develop chronic kidney disease or need long-term dialysis. It is not a treatment that can be given for acute kidney injury.

**13. Anesthesia / Moderate Sedation:**

No, neither anesthesia nor moderate sedation will be used in this treatment/procedure.

**14. Blood products:**

It is not expected that blood products will be used in this treatment/procedure.

**15. Additional information**

I understand that VA hospitals are teaching facilities, and trainees may participate in or observe this treatment/procedure.

**16. Comments**

**17. Image(s) if selected:**

**C. SIGNATURES**

**Practitioner obtaining consent:**

- All relevant aspects of the treatment and its alternatives (including no treatment) have been discussed with the patient (or surrogate) in language that s/he could understand. This discussion included the nature, indications, benefits, risks, side effects, and likelihood of success of each alternative.
- The patient (or surrogate) demonstrated comprehension of the discussion.
- I have given the patient (or surrogate) an opportunity to ask questions.
- I did not use threats, inducements, misleading information, or make any attempt to coerce the patient/surrogate to consent to this treatment.
- I have offered the patient (or surrogate) the opportunity to review a printed copy of the consent form.

\_\_\_\_\_ Date/Time: \_\_\_\_\_

**Patient or surrogate:**

By signing below, I attest to the following:

- Someone has explained this treatment/procedure and what it is for.
- Someone has explained how this treatment/procedure could help me, and things that could go wrong.
- Someone has told me about other treatments or procedures that might be done instead, and what would happen if I have no treatment/procedure.
- Someone has answered all my questions.
- I know that I may refuse or change my mind about having this treatment/procedure. If I do refuse or change my mind, I will not lose my health care or any other VA benefits.

- I have been offered the opportunity to read the consent form.
- I choose to have this treatment/procedure.

\_\_\_\_\_ Date/Time: \_\_\_\_\_

**Witnesses:** No witness is required if the patient or surrogate signs their name. Two witnesses are required only when the patient's signature is indicated with an "X" or some other identifying mark.

By signing below, I attest to the fact that I have witnessed the patient (or surrogate) and the practitioner sign this consent form.

\_\_\_\_\_ Date/Time: \_\_\_\_\_

No witness is required if the patient or surrogate signs their name. Two witnesses are required only when the patient's signature is indicated with an "X" or some other identifying mark.

\_\_\_\_\_ Date/Time: \_\_\_\_\_

If the conversation is not audio taped a second practitioner, or other VA employee, must witness the conversation.

\_\_\_\_\_ Date/Time: \_\_\_\_\_

[  ] The employee witness is not located with the provider signing this form and will provide separate documentation that s/he witnessed the conversation (witness will not sign this form)