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) for Treatment of Poisoning or Intoxication

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.)
- See description of treatment/procedure

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 taken in or have been given a drug or other substance that is at a toxic (very harmful) level in your blood.

9. Brief description of the treatment/procedure:
This procedure involves cleaning your blood of the drug or other substance that is at a toxic level in your blood. In this treatment, 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 passes through a dialysis machine and is returned to you through the same catheter. The drug or other substance (that is at a toxic level in your blood) is removed by the dialysis machine. If you have developed kidney failure because of the drug or other substance, waste products that have built up in your blood and extra fluid will also be removed. The blood sometimes is kept from clotting as it passes through the dialysis machine with the use of blood thinners.

Kidney replacement therapy for treatment of a drug or other substance that is at a toxic level in your blood is given using hemodialysis. You will get one or more treatments that can last from four to six hours. Based on the nature of the drug or other substance that needs to be removed from your blood, you may need more than one treatment. The length of the treatment varies and will be decided by the kidney doctor. If your blood pressure is very low, your doctor may use a modified form of kidney replacement therapy that is slower and gentler. These treatments are known as continuous kidney replacement therapy (CKRT) and are given over the course of the day; or prolonged intermittent kidney replacement therapy (PIKRT), also known as sustained low-efficiency dialysis (SLED) that is done for 8 to 16 hours per day. The type of treatment given may change as your overall health changes.

The type and details of your dialysis treatment will be decided by your kidney doctor after talking with you. The type and rate of treatment may change as your health condition changes.

Completing another informed consent form will not be needed for each change in treatment. We will ask you to complete another consent form for placement of the catheter into a blood vessel in your leg or neck.

10. Potential benefits of the treatment/procedure:
Kidney replacement therapy will be done to remove the drug or other substance that is at a toxic level from your blood. This treatment can prevent, or undo health issues caused from the toxic levels of this drug or other substance.

If you also have kidney damage from the drug or other substance, kidney dialysis will remove the poisons and impurities from the blood that may be causing symptoms of kidney failure. These are lowered brain function (sleepiness, confusion, coma), loss of appetite, nausea and vomiting. Kidney dialysis helps fix 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:
Known risks of dialysis include:
* Air bubbles going into the bloodstream.
* Allergic response 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.

* 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 hepatitis (liver infection), human immunodeficiency virus (HIV), and other viruses.
* Sepsis (infection in the blood).
* Death.

Additional risks discussed:

12. Alternatives to the treatment/procedure:
* Watching and waiting with your doctor to see if you get better with medical therapy alone.
* You may choose not to be treated with kidney replacement therapy (dialysis), though this may be linked to a greater risk of problems, and increased risk of death from the drug or other substance that is at a toxic level from your blood.

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)