

<h2 style="margin: 0;">Chest Drain Insertion Consent Form</h2>	Addressograph, or Name DOB Unit no. / CHI
<b>Name of procedure/investigation:</b> Chest drain insertion Right side <input type="checkbox"/> Left side <input type="checkbox"/> <i>(tick as appropriate)</i> <b>Explanation:</b> Insertion of a plastic tube between the ribs under local anaesthetic to allow drainage of fluid or air from the pleural space (the area between the lung and rib cage) <b>Pre-consent patient information:</b> <i>(if applicable, e.g. patient information leaflet, website)</i> Title: _____ Version: _____ Date: _____	

**To the patient:**  
**You may change your mind at any time, including after you have signed this consent form.**

**Patient statement:** The healthcare professional signing below has explained the procedure, intended benefits, and potential risks to me.  
**I have also read and understood** the benefits and risks related to the procedure as summarised here:

*Intended benefit:*  
 Removal of air or fluid from the pleural space

*Serious, unavoidable or frequently occurring risks:*  
 Failure of insertion/drainage, incorrect positioning of chest tube (less than 2%), pain, infection (less than 3%), difficulty breathing or low blood oxygen levels after insertion (less than 2%), air leak into chest wall (less than 1%), organ damage, bleeding (in rare cases may require a blood transfusion), low blood pressure  
 Individual /other risks: *(clinician to add as appropriate)*

**I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person will however have the appropriate experience. Where undertaken by a clinician who is training to perform the procedure, they will be supervised by a fully qualified practitioner.

**I agree to the procedure mentioned above.**

Patient's signature: Print name:	Date: ___/___/___
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**Healthcare professional's statement:** I have confirmed that the patient understands what the procedure involves, including the benefits and any risks. I have confirmed that the patient has no further questions and wishes the procedure to go ahead.

Clinician's signature: Print name and status:	Date: ___/___/___
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**Statement of Interpreter** *(where appropriate):* I have interpreted the information above to the patient to the best of my ability and in a way in which I believe that she / he / they can understand.

Signature: _____ Print name: _____ Or, please note the telephone interpreter ID number:	Date: ___/___/___
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