

<h1 style="margin: 0;">Pleural Aspiration Consent Form</h1>	Addressograph, or Name DOB Unit no. / CHI
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Name of procedure/investigation: Pleural aspiration Right side <input type="checkbox"/> Left side <input type="checkbox"/> <i>(tick as appropriate)</i>		
Explanation: Drainage of fluid or air from the pleural space (the area between the lung and rib cage) using a needle and/or small plastic tube		
Pre-consent patient information: <i>(if applicable, e.g. patient information leaflet, website)</i>		
Title:	Version:	Date:

<p>To the patient: You may change your mind at any time, including after you have signed this consent form.</p> <p>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:</p> <p><i>Intended benefits: (clinician to tick either/both as applicable)</i></p> <p><input type="checkbox"/> Finding a cause for changes to the pleural space <input type="checkbox"/> Improving breathlessness</p> <p><i>Serious, unavoidable or frequently occurring risks:</i> Failure to make a diagnosis or improve breathlessness, pain, infection, difficulty breathing or low blood oxygen levels (less than 2%), air leak requiring chest tube insertion (less than 2%), lung damage, bleeding which may require blood transfusion (less than 2%), low blood pressure Individual /other risks: <i>(clinician to add as appropriate)</i></p> <p>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.</p> <p>I agree to the procedure mentioned above.</p>
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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 <i>(where appropriate):</i> 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.
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Signature: Or, please note the telephone interpreter ID number:	Print name:	Date: ___/___/___
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