



Queensland Government

# Intercostal Catheter (ICC) Insertion Consent

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

## A. Does the patient have capacity to provide consent?

### Complete for ADULT patient only

- Yes → **GO TO section B**  
 No → **COMPLETE section A**

You must adhere to the Advance Health Directive (AHD), or if there is no AHD, the consent obtained from a substitute decision-maker in the following order: Category 1. Tribunal-appointed guardian; 2. Enduring Power of Attorney; or 3. Statutory Health Attorney.

Name of substitute decision-maker:

Category of substitute decision-maker:

### Complete for CHILD/YOUNG PERSON patient only

- Yes Although the patient is a child/young person, the patient may be capable of giving informed consent and having sufficient maturity, understanding and intelligence to enable them to fully understand the nature, consequences and risks of the proposed procedure and the consequences of non-treatment – ‘Gillick competence’ (*Gillick v West Norfolk and Wisbech Area Health Authority* [1986] AC 112)  
 → **GO TO section B**
- No Parent/legal guardian/other person\* with parental rights and responsibilities to provide consent and complete this form  
 → **COMPLETE section A**

\*Formal arrangements, such as parenting/custody orders, adoption, or other formally recognised carer/guardianship arrangements. Refer to the Queensland Health ‘Guide to Informed Decision-making in Health Care’ and local policy and procedures. Complete the source of decision-making authority as applicable below.

If applicable, source of decision-making authority (*tick one*):

- Court order →  Court order verified  
 Legal guardian →  Documentation verified  
 Other person →  Documentation verified

Name of parent/legal guardian/other person:

Relationship to child/young person:

## B. Is an interpreter required?

- Yes  No

If yes, the interpreter has:

- provided a sight translation of the informed consent form in person  
 translated the informed consent form over the telephone

*It is acknowledged that a verbal translation is usually a summary of the text on the form, rather than word-by-word translation.*

Name of interpreter:

Interpreter code:

Language:



## C. Patient OR substitute decision-maker OR parent/legal guardian/other person confirms the following procedure(s)

I confirm that the referring doctor/clinician has explained that I have been referred for the following procedure:

Intercostal Catheter (ICC) insertion:  Yes  No  
 Site/side of procedure:

Name of referring doctor/clinician:

## D. Risks specific to the patient in having an Intercostal Catheter (ICC) insertion

(Doctor/clinician to document additional risks not included in the patient information sheet):

## E. Risks specific to the patient in not having an Intercostal Catheter (ICC) insertion

(Doctor/clinician to document specific risks in not having an Intercostal Catheter [ICC] insertion):

## F. Alternative procedure options

(Doctor/clinician to document alternative procedure not included in the patient information sheet):

DO NOT WRITE IN THIS BINDING MARGIN

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SW9591

ICC INSERTION CONSENT



# Intercostal Catheter (ICC) Insertion Consent

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

## G. Information for the doctor/clinician

The information in this consent form is not intended to be a substitute for direct communication between the doctor/clinician and the patient OR substitute decision-maker OR parent/legal guardian/other person.

I have explained to the patient OR substitute decision-maker OR parent/legal guardian/other person the contents of this form and am of the opinion that the information has been understood.

Name of doctor/clinician:

Designation:

Signature:

Date:

## H. Patient OR substitute decision-maker OR parent/legal guardian/other person consent

I acknowledge that the doctor/clinician has explained:

- the 'Intercostal Catheter (ICC) Insertion' patient information sheet
- the medical condition and proposed treatment, including the possibility of additional treatment
- the specific risks and benefits of the procedure
- the prognosis, and risks of not having the procedure
- alternative procedure options
- that there is no guarantee the procedure will improve the medical condition
- that the procedure may involve a blood transfusion
- that tissues/blood may be removed and used for diagnosis/management of the condition
- that if a life-threatening event occurs during the procedure:
  - an adult patient will be treated based on documented discussions (e.g. AHD or ARP [Acute Resuscitation Plan])
  - a child/young person's health care will be provided in accordance with good clinical practice and in the best interests of the patient
- that a doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure; this may include a doctor/clinician undergoing further training under supervision
- that if the doctor/clinician wishes to record video, audio or images during the procedure where the recording is not required as part of the treatment (e.g. for training or research purposes), I will be asked to sign a separate consent form. If I choose not to consent, it will not adversely affect my access, outcome or rights to medical treatment in any way.

I was able to ask questions and raise concerns with the doctor/clinician.

I understand I have the right to change my mind regarding consent at any time, including after signing this form (*this should be in consultation with the doctor/clinician*).

## I/substitute decision-maker/parent/legal guardian/other person have received the following consent and patient information sheet(s):

- 'Intercostal Catheter (ICC) Insertion'
- 'Ultrasound'
- 'Computed Tomography (CT) Scan'
- 'About Your Anaesthetic' (*Adult patient only*)
- 'About Your Child's Anaesthetic' (*Child/young person patient only*)
- 'Blood and/or Manufactured Blood Products Transfusion (Full/Limited Consent)' (*Adult patient only*)
- 'Transfusion Consent: Fresh and/or Manufactured Blood Products (Full/Limited Consent)' (*Child/young person patient only*)

On the basis of the above statements,

## 1) I/substitute decision-maker/parent/legal guardian/other person consent to having an Intercostal Catheter (ICC) insertion.

Name of patient/substitute decision-maker/parent/legal guardian/other person:

Signature:

Date:

If the patient is a child/young person:

- I am not aware of any legal or other reason that prevents me from providing unrestricted consent for this child/young person for this procedure (*not applicable if the child/young person is Gillick competent and signs this form*).

## 2) Student examination/procedure for professional training purposes:

For the purpose of undertaking training, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to patient OR substitute decision-maker OR parent/legal guardian/other person consent, assist with/conduct an examination or procedure on a patient while the patient is under anaesthetic.

I/substitute decision-maker/parent/legal guardian/other person consent to a clinical student(s) undergoing training to:

- observe examination(s)/procedure(s)  Yes  No
- assist with examination(s)/procedure(s)  Yes  No
- conduct examination(s)/procedure(s)  Yes  No

# Intercostal Catheter (ICC) Insertion

Adult and Child/Young Person | Informed consent: patient information

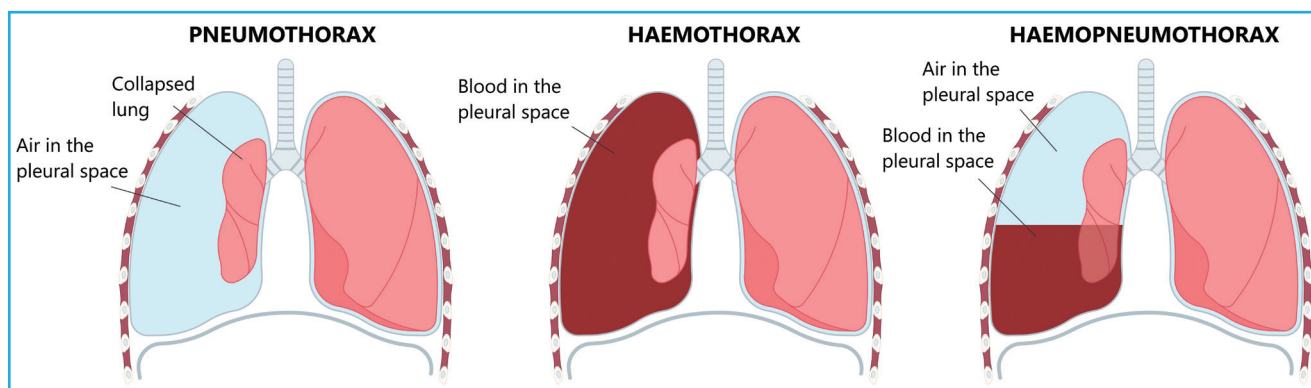
**A copy of this patient information sheet should be given to the patient or substitute decision-maker or parent/legal guardian/other person of a child or young person to read carefully and allow time to ask any questions about the procedure. The consent form and patient information sheet should be included in the patient's medical record.**

*In this information sheet, the word 'you' means the patient unless a substitute decision-maker, parent, legal guardian or other person is providing consent on behalf of the patient, in which case the word 'you' means the substitute decision-maker, parent, legal guardian or other person when used in the context of the person providing consent to the procedure.*



## 1. What is an Intercostal Catheter (ICC) insertion and how will it help me?

An Intercostal Catheter (ICC) is a flexible plastic tube that is inserted to drain air or fluid/blood trapped between the lung and the chest wall (pleural space). The presence of air (pneumothorax) or blood (haemothorax) or both air and blood (haemopneumothorax) within the pleural space will reduce your lung capacity and make it more difficult to breathe. Your medical condition will determine the position the tube is placed, to best drain the trapped fluid or air from the pleural space.



*Image: Illustration showing pneumothorax, haemothorax and haemopneumothorax. ID: 2154774521 (adapted). [www.shutterstock.com](http://www.shutterstock.com)*

Imaging is used to guide the catheter into the pleural space. Most commonly ultrasound or Computed Tomography (CT) imaging is used for this.

For more information on ultrasound and CT and the risks involved in their use, please read the information sheets *Ultrasound* and *Computed Tomography (CT) Scan*. If you do not have the appropriate information sheet, please ask for one.

## Preparing for the procedure

The Medical Imaging department will give you instructions on how to prepare for the procedure. It is important to follow the instructions that are given to you. Your procedure might be delayed if you don't follow all the preparation steps.

Medical imaging staff will notify you beforehand if you are required to stop taking any blood-thinning medicine. List or bring all your prescribed medicines, those medicines you buy over the counter, herbal remedies and supplements to show the doctor/clinician what you are taking.

This procedure will require the use of a local anaesthetic and possibly a mild sedation. If you received sedation and are being discharged on the same day, you cannot drive and you must have someone available to escort you home.

Do not drink alcohol, smoke, vape or take recreational drugs for at least 24 hours before the procedure as these may alter the effects of the sedation anaesthetic. If you have a drug or medication dependence, please tell your doctor/clinician.

Please tell the doctor/clinician if you are breastfeeding or pregnant, or suspect that you may be pregnant.

## On the day of the procedure

- Nothing to eat or drink ('nil by mouth'): you will be told when to have your last meal and drink. Do NOT eat (including lollies), drink or chew gum after this time otherwise your procedure may be delayed or cancelled. This is to make sure your stomach is empty so that if you vomit, there will be nothing to go into your lungs.
- If you are taking medicines, most should be continued before a procedure and taken at the usual time, even on the day of the procedure, with a sip of water. There are some important exceptions:
  - your doctor/clinician will provide specific instructions about your medicines
  - take to the hospital all your prescribed medicines, those medicines you buy over the counter, herbal remedies and supplements to show your doctor/nurse what you are taking.
- If you feel unwell, telephone the Medical Imaging department for advice.
- Tell your doctor/clinician if you have:
  - health problems (e.g. diabetes, high blood pressure, infectious diseases, serious illnesses), including if undergoing regular treatment
  - had previous problems and/or known family problems with anaesthesia
  - been taking prescribed and/or over the counter medicines, herbal remedies and supplements; this may include and is not limited to blood thinning medicines, the contraceptive pill, antidepressants and/or medicine for treating diabetes (e.g. insulin)
  - allergies/intolerances of any type and their side effects.
- You will be required to change into a hospital gown and remove some of your jewellery.

## Sedation

Sedation is the use of medicines that help make you feel relaxed and drowsy for your procedure. You may remember some or little about what has happened. You may still be aware of your surroundings and should be able to follow simple instructions, such as holding your breath when instructed by the doctor/clinician.

If you are booked for an anaesthetic, please read the information sheet *About Your Anaesthetic (for adults)* or *About Your Child's Anaesthetic (for child/young person)*. If you do not have one of these information sheets, please ask for one.

### For a parent/legal guardian/other person of a patient having an ICC insertion

To prepare the patient for this procedure and to ease their concerns, tell them what they can expect to happen during the procedure. This information sheet will assist you with this.

We welcome your help and support in preparing the patient for the procedure and in explaining why it's so important to lie still.

At the discretion of the procedure staff:

- a parent/adult (unless pregnant) may be invited into the procedure room to support the patient
- if the patient is having a general anaesthetic you may be able to see them off to sleep. Once they are asleep you will be asked to leave the procedure room and wait in the waiting area.

Other children are not allowed into the procedure room, and they must be supervised at all times by another parent/adult.

## During the procedure

The doctor/clinician will use imaging such as CT or ultrasound to determine the best place to insert the ICC.

The skin of your chest or back where the ICC will be inserted will be cleaned and a sterile drape will be applied to cover your body.



The doctor/clinician will inject local anaesthetic into the area where the ICC will be inserted. A small cut is made into the skin and tissue. A path is made through the tissue so the tube can be placed into the pleural space.

As the ICC is inserted, you may experience some pulling or pushing, but it should not be painful. You will be reminded to keep still and told when to hold your breath by the doctor/clinician. When the ICC is in place, it will be secured, this may involve some stitches. A dressing is then applied.

If fluid is present a sample may be taken and sent to pathology.

The other end of the drain tube will be connected to a chest drain system (also known as an under water seal drain), allowing ongoing drainage of air or fluid. There are different types of drain systems available. You will receive education for your drainage system.

A chest x-ray will be required after the procedure to check the ICC is in the correct position.

When the procedure is complete, you will be transferred to a recovery area, where your observations and procedure site are monitored.

You will be transferred to a ward when you are alert and observations (blood pressure, oxygen levels, breathing and heart rate) are stable.



## 2. What are the risks?

In recommending the procedure, the doctor/clinician believes that the benefits to you from having the procedure exceed the risks involved. There are risks and possible complications associated with the procedure which can occur with all patients – these are set out below. There may also be additional risks and possible complications specific to your condition and circumstances which the doctor/clinician will discuss with you. If you have any further concerns, please ensure that you raise them with the doctor/clinician prior to giving consent to the procedure.

### Common risks and complications

- the ICC may move, become kinked or blocked. Sometimes it needs to be repositioned or replaced.

### Uncommon risks and complications

- the procedure may not be possible due to medical and/or technical reasons
- infection. This may need treatment with antibiotics
- bleeding from damaged blood vessels in between the ribs
- bleeding is more common if you have been taking blood thinning medicines, such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil and turmeric
- irritation of the nerves between the ribs, which may cause pain or numbness in the chest
- congestion may occur in the lung after air or fluid is removed. You may feel short of breath soon after the chest tube is put in.

### Rare risks and complications

- the ICC may damage the lung or damage other parts of the body
- emergency surgery due to complications with the procedure
- death because of this procedure is very rare.

### Risks of radiation

The risks of radiation exposure from this procedure need to be compared to the risks of your condition not being treated. Exposure to radiation may cause a slight increase in the risk of cancer to you over your lifetime. However, the potential risk is small compared to the expected benefit of this procedure<sup>1</sup>.

### What are the risks of not having an ICC insertion?

There may be adverse consequences for your health if you choose not to have the proposed procedure. Please discuss these with the referring doctor/clinician.

If you choose not to have the procedure, you will not be required to sign a consent form.

If you have signed a consent form, you have the right to change your mind at any time prior to the procedure. Please contact the doctor/clinician to discuss.



### 3. Are there alternatives?

Making the decision to have a procedure requires you to understand the options available. Please discuss any alternative procedure options with your doctor/clinician before signing the consent form.



### 4. What should I expect after the procedure?

Your healthcare team will talk to you about what to expect after your procedure and upon discharge from hospital.

The doctor/clinician will discuss with you what level of activity is suitable after your procedure. It is not uncommon to be sore and experience light bruising at the insertion site. Pain can usually be well controlled with simple pain relievers.

The chest tube may block and may need to be replaced. If the air leak from the lung continues or the fluid remains, additional procedures may be required. Your doctor/clinician will talk to you about what can be done if this happens.

The ICC is removed when air has stopped draining from the chest or when the amount of fluid draining from the chest has reduced or stopped. A chest x-ray may be taken to confirm this.

Your doctor or nurse will tell you how to breathe while the tube is pulled out of the pleural space. Some stitches may be needed to close the wound. A chest x-ray is done after the tube has been removed. The doctor/clinician will tell you when the stitches are to come out and when to take the dressing off.

Go to your nearest Emergency department or GP (your local doctor) if you become unwell or experience any of the following:

- shortness of breath
- chest pain
- light sensitivity
- agitation
- amnesia
- seizures
- pain unrelieved by simple pain relievers
- continuous bleeding or swelling at the insertion site
- redness or inflammation at the puncture site
- fever
- other warning signs the doctor/clinician may have asked you to be aware of.

If you had sedation, this will affect your judgement for about 24 hours. For your own safety:

- Do NOT drive any type of car, bike or other vehicle.
- Do NOT operate machinery including cooking equipment.
- Do NOT make important decisions or sign a legal document.
- Do NOT drink alcohol, smoke, vape or take recreational drugs. They may react with the anaesthetic medications.



### 5. Who will be performing the procedure?

Doctors, radiographers, nuclear medicine technologists, sonographers, nurses, and medical imaging assistants make up the medical imaging team. All or some of these professionals may be involved in your procedure.

A doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure. This could include a doctor/clinician undergoing further training, however all trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/clinician will be performing the procedure, please discuss this with the doctor/clinician.

For the purpose of undertaking professional training in this teaching hospital, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to your consent, assist with/ conduct an examination or procedure on a patient while the patient is under anaesthetic.

You are under no obligation to consent to an examination(s) or a procedure(s) being undertaken by a clinical student(s) for training purposes. If you choose not to consent, it will not adversely affect your access, outcome or rights to medical treatment in any way.

For more information on student care, please visit [www.health.qld.gov.au/consent/students](http://www.health.qld.gov.au/consent/students).



## 6. Where can I find support or more information?

Hospital care: before, during and after is available on the Queensland Health website [www.qld.gov.au/health/services/hospital-care/before-after](http://www.qld.gov.au/health/services/hospital-care/before-after) where you can read about your healthcare rights.

You can also see a list of blood thinning medications at [www.health.qld.gov.au/consent/bloodthinner](http://www.health.qld.gov.au/consent/bloodthinner).

Further information about informed consent can be found on the Informed Consent website [www.health.qld.gov.au/consent](http://www.health.qld.gov.au/consent). Additional statewide consent forms and patient information sheets are also available here.

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss this with your doctor/clinician.

Queensland Health recognises that Aboriginal and Torres Strait Islander patients will experience the best clinical care when their culture is included during shared decision-making.



## 7. Questions

Please ask the doctor/clinician if you do not understand any aspect of this patient information sheet or if you have any questions about your proposed procedure.

If you have further questions prior to your appointment, please contact the Medical Imaging department via the main switchboard of the facility where your procedure is booked.



## 8. Contact us

**In an emergency, call Triple Zero (000).**

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.

### References:

1. Australian Radiation Protection and Nuclear Safety Agency (ARPANSA). Ionising radiation in our everyday environment, 2021. Available from [www.arpansa.gov.au](http://www.arpansa.gov.au)