Thoracentesis Consent

Facility: .........................................................

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:

Thoracentesis: ☐ Yes ☐ No

Site/side of procedure: .........................................................

Name of referring doctor/clinician: .........................................................

D. Risks specific to the patient in having a thoracentesis

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

E. Risks specific to the patient in not having a thoracentesis

(Doctor/clinician to document specific risks in not having a thoracentesis):

F. Alternative procedure options

(Doctor/clinician to document alternative procedure not included in the patient information sheet):
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 'Thoracentesis' 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).
**1. What is a thoracentesis and how will it help me?**

Thoracentesis, also referred to as a pleural tap, is a procedure used to get a sample of fluid or remove air from the space around your lungs (pleural space). This fluid is referred to as pleural fluid. When an excess amount of pleural fluid builds up, this is called a pleural effusion. Thoracentesis can be performed to find the cause of the pleural effusion, but can also be done to treat the symptoms by removing some of the excess fluid.

Imaging is used to guide the needle into the pleural space. Most commonly ultrasound imaging is used, however in some cases Computed Tomography (CT) imaging is required.

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.
Preparation 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 a patient is unable to co-operate under sedation (for example a child or young person) a general anaesthetic may be required.

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 or sedation, 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 a thoracentesis

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.
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
- minor pain, bruising and/or infection from the I.V. cannula
- coughing
- fainting
- collapsed lung. This may need a chest tube to be inserted into the chest cavity to reinflate the lung
- increased risk in obese people of wound infection, chest infection, heart and lung complications and thrombosis.

Uncommon risks and complications
- further fluid may build up in the lung after air or fluid is removed. You may feel short of breath
- pain. This can be controlled with pain relief medication
- the procedure may not be possible due to medical and/or technical reasons.

Rare risks and complications
- bleeding into the space between the lungs and ribs
- bleeding is more common if you have been taking blood thinning medicines, such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplaxiv), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil and turmeric
- the needle may damage nearby parts of the body (for example, liver or spleen)

During the procedure

An intravenous (I.V.) cannula is a small plastic tube will be inserted into a vein in your arm. This is for any medicine or fluids required during the procedure, including sedation.

Routine observations, such as blood pressure and heart rate, will be taken before the start of the procedure.

The skin of your chest or back where the needle 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 skin where the thoracentesis needle will be inserted. The needle goes through the skin, between the ribs and into the pleural space where the fluid has collected around the lung.

You will be reminded to keep still and told when to hold your breath by the doctor/clinician. A sample of fluid is taken and sent to pathology for testing.

Additional fluid may be removed to relieve pressure and improve comfort. Sometimes the doctor/clinician is unable to obtain a sample of fluid. The doctor/clinician will discuss what needs to happen if this occurs.

When enough fluid has been removed, the needle is taken out. A dressing is put over the area.

A chest x-ray may then be taken.

If the I.V. cannula is no longer required, it will be removed.
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.

Staff 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 puncture site. Pain can usually be well controlled with simple analgesics, such as paracetamol.

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

- increased shortness of breath
- light sensitivity
- agitation
- amnesia
- seizures
- pain unrelieved by simple pain relievers
- continuous bleeding or swelling at the puncture 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.

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.

If general anaesthetic or sedation is given, extra risks include:

- faintness or dizziness, especially when you start to move
- fall in blood pressure
- nausea and vomiting
- weakness
- heart and lung problems such as heart attack or pneumonia
- stroke resulting in brain damage.

Risks of radiation (CT only)

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.

What are the risks of not having a thoracentesis?

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.

• emergency surgery due to complications with the procedure
• death because of this procedure is rare.

If general anaesthetic or sedation is given, extra risks include:

- faintness or dizziness, especially when you start to move
- fall in blood pressure
- nausea and vomiting
- weakness
- heart and lung problems such as heart attack or pneumonia
- stroke resulting in brain damage.
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.

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 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.

Further information about informed consent can be found on the Informed Consent website 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: