

Central Vascular Access Device Insertion

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

A. Interpreter / cultural needs

- An Interpreter Service is required? Yes No
If Yes, is a qualified Interpreter present? Yes No
A Cultural Support Person is required? Yes No
If Yes, is a Cultural Support Person present? Yes No

B. Procedure

The following will be performed (*Doctor/doctor delegate to document – include site and/or side where relevant to the procedure*)

A Central Vascular Access Device is used to give you medication directly into your blood stream without having to repeatedly insert a needle into your vein.

There are many different types of devices. The device that you have inserted is dependant on the type and length of treatment required.

- Non-Tunnelled Catheter* such as Vascath® and central line;
 Tunnelled Catheter such as Hickman Catheter® and Permacath Dialysis Catheter®;
 Implantable Port such as Portacath® and Infusaport®.

This procedure will require an injection of local anaesthetic and a sedation anaesthetic.

C. Risks of the procedure

In recommending a Central Venous Access Device, the doctor believes the benefits to you from having this procedure exceed the risks involved.

The risks and complications with this procedure and with having a device can include but are not limited to the following.

Common risks and complications include:

- Minor pain, bruising and/or infection from the IV cannula. This may require treatment with antibiotics.
- Pain or discomfort at the insertion site. This may require medication.
- Bleeding or bruising may occur. This is usually stopped by applying further pressure and/or ice to the puncture site. This is more common if you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin).
- The device may become kinked and need repositioning or removal.

- The device may become blocked and need medications to unblock or may need to be removed.
- (*Tunnelled and Non-tunnelled catheters only*) The device may be accidentally removed if pulled or tugged on.
- Failure of local anaesthetic which may require a further injection of anaesthetic or a different method of anaesthesia may be used.
- Nerve damage, is usually temporary, and should get better over a period of time. Permanent nerve damage is rare.

Less common risks and complications include:

- Infection at the skin, requiring antibiotics and/or further treatment.
- Infection in the device, requiring the device to be removed.
- Pneumothorax, a collection of air around the lining of the lungs. This usually resolves by itself but sometimes may require a tube to be inserted into the chest.
- Damage to surrounding structures such as blood vessels, organs and muscles, requiring further treatment.
- Failure to gain access to the vein. This may require a second attempt from a different location.
- Blood clot blocking the vein, may require medication to treat.
- An allergy to injected drugs, requiring further treatment.
- The procedure may not be possible due to medical and/or technical reasons.

Rare risks and complications include:

- Injected medications may leak outside of the vein under the skin and into tissue, this may require treatment.
- A fast or irregular heart beat. This usually resolves on it's own but sometimes may need further treatment.
- The catheter tip may move from the original placement. The device may need to be removed.
- An air bubble enters the blood stream. This can travel to the heart causing a heart attack or to the brain causing a stroke.
- An increased lifetime cancer risk due to the exposure to x-rays.
- Seizures and/or cardiac arrest due to local anaesthetic toxicity.
- Death as a result of this procedure is very rare.

If sedation is given extra risks include:

- faintness or dizziness, especially when you start to move around



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Facility:

- fall in blood pressure
- nausea and vomiting
- weakness
- an existing medical condition getting worse
- heart and lung problems such as heart attack or vomit in the lungs causing pneumonia. This may require emergency treatment
- stroke resulting in brain damage.

I request to have the procedure

Name of Patient:.....

Signature:.....

Date:.....

D. Patient consent

I acknowledge that the doctor/doctor delegate has explained the proposed procedure.

I understand;

- the risks and complications, including the risks that are specific to me.
- the sedation/anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor/doctor delegate or my Acute Resuscitation Plan.
- a doctor/doctor delegate undergoing further training may conduct this procedure.

I have been given the following Patient Information Sheet/s:

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- I was able to ask questions and raise concerns with the doctor/doctor delegate about the proposed procedure and its risks. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time including after I have signed this form but, preferably following a discussion with my doctor/doctor delegate.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.
- I understand that Queensland Health may release my relevant de-identified information obtained from this and related procedures for education and training of health professionals.

Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

Yes ▶ Location of the original or certified copy of the AHD:.....

No ▶ Name of Substitute Decision Maker/s:.....

Signature:.....

Relationship to patient:.....

Date:..... PH No:.....

Source of decision making authority (tick one):

- Tribunal-appointed Guardian
- Attorney/s for health matters under Enduring Power of Attorney or AHD
- Statutory Health Attorney
- If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

E. Doctor/delegate Statement

I have explained to the patient all the above points under the Patient Consent section (D) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate:.....

Designation:.....

Signature:..... Date.....

F. Interpreter's statement

I have given a sight translation in

.....
(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter:.....

Signature:..... Date.....

On the basis of the above statements,

Consent Information - Patient Copy

Central Vascular Access Device Insertion

1. What is a Central Vascular Access Device?

A Central Vascular Access Device is used to give you medication directly into your blood stream without having to repeatedly insert a needle into your vein.

There are many different types of devices. The device that you have inserted is dependant on the type and length of treatment required.

Types of devices include:

- Non-Tunnelled Catheter* such as Vascath® and central line;
- Tunnelled Catheter* such as Hickman Catheter® and Permacath Dialysis Catheter®;
- Implantable Port* such as Portacath® and Infusaport®.

2. Will there be any discomfort, is any anaesthetic needed?

This procedure will require the injection of a local anaesthetic and a sedation anaesthetic.

3. What is sedation?

Sedation is the use of drugs that give you a 'sleepy-like' feeling. It makes you feel very relaxed during a procedure that may be otherwise unpleasant or painful. You may remember some or little about what has occurred during the procedure.

This procedure may only have a light sedation. You need to be able to fully co-operate at times by holding your breath when instructed by the doctor.

Sedation is generally very safe but has a risk with side effects and complications. Whilst these are usually temporary, some of them may cause long-term problems.

4. Preparation for the procedure

The medical imaging department will give you instructions on how to prepare for your procedure.

- You will be told when to have your last meal and drink. This is to make sure your stomach is empty so that if you vomit during the procedure there will be nothing to go into your lungs.
- Please tell the staff if you are or suspect you might be pregnant or are breastfeeding.
- If you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin) or any other drug that is used to thin your blood ask your doctor/health practitioner if you should stop taking it before the procedure as it may affect your blood clotting.
- List or bring all your prescribed drugs, those drugs you buy over the counter, herbal remedies and supplements.
- Do not drink any alcohol and stop recreational drugs 24 hours before the procedure as these

may alter the affects of the sedation anaesthetic. If you have a drug habit please tell your doctor.

5. During the procedure

For All Devices

A fine needle (IV cannula) will be inserted into a vein in your arm.

Ultrasound will be used to look at the veins at the base of your child's neck (sometimes a vein in their groin is used). A suitable vein for the catheter will be selected.

Local anaesthetic and sedation will be injected.

A small cut is made in the skin over the vein.

Using ultrasound as a guide the needle will be inserted into your vein. You may be asked to hold your breath for several seconds while the catheter is inserted. The tip of the catheter will be positioned using x-ray guidance in a major blood vessel next to the heart. The catheter does not go into your heart.

When the catheter is in the correct place a chest x-ray will be taken to confirm its placement.

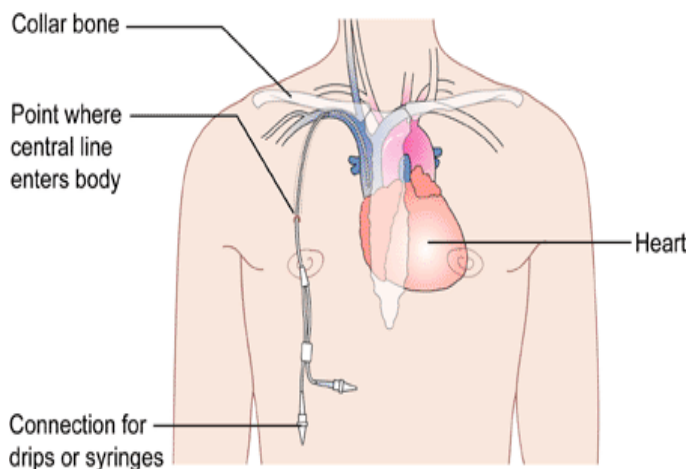
Non-Tunnelled Catheter

The catheter is inserted directly into the vein and is held in place with sutures and a dressing. This type of catheter can stay in for about a week.

Tunnelled Catheter

A small cut is made in the skin on your chest and the catheter is pushed (tunnelled) under your skin until it reaches the vein to be entered.

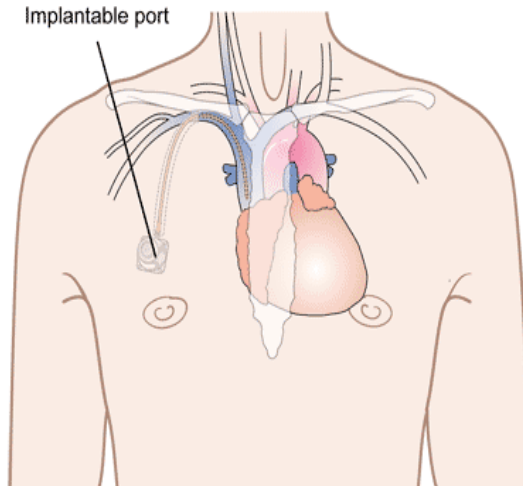
Tunnelled Catheters are held in place with sutures. One or two sutures are also required to close the small cut over the vein at the base of the neck. Dressings will be applied. This type of catheter can stay in for months.



Taken from CancerHelp UK, the patient information website of Cancer research UK:
www.cancerhelp.org.uk

Implantable Port

A port is inserted entirely under your skin and has a catheter attached. The catheter is pushed (tunnelled) under your skin until it reaches the vein to be entered. All cuts are closed with sutures and dressings applied. Totally implantable devices can stay in for months or even years.



Taken from CancerHelp UK, the patient information website of Cancer research UK: www.cancerhelp.org.uk

The recovery time varies depending on the device inserted and the sedation given. It can be anywhere between 2 to 4 hours.

The IV cannula will be removed after you have recovered.

Following the insertion of your device it is normal to experience some tenderness and bruising for about 24 to 48 hours. Panadol and ice packs may help this.

You will be educated about your Central Vascular Access Device, how to take care of it and the recommended level of activity advised while it is in place.

7. What are the risks of this specific procedure?

The risks and complications with this procedure and with having a device inserted can include but are not limited to the following.

Common risks and complications include:

- Minor pain, bruising and/or infection from the IV cannula. This may require treatment with antibiotics.
- Pain or discomfort at the insertion site. This may require medication.
- Bleeding or bruising may occur. This is usually stopped by applying further pressure and/or ice to the puncture site. This is more common if you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin).
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- faintness or dizziness, especially when you start to move around
- fall in blood pressure
- nausea and vomiting
- weakness
- an existing medical condition getting worse

