



Queensland
Government

Central Venous Access Device (CVAD) 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:

Central Venous Access Device (CVAD) insertion:

☐ Yes ☐ No

Site/side of procedure:

Name of referring doctor/clinician:

D. Risks specific to the patient in having a Central Venous Access Device (CVAD) insertion

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

E. Risks specific to the patient in not having a Central Venous Access Device (CVAD) insertion

(Doctor/clinician to document specific risks in not having a central venous access device [CVAD] insertion):

F. Alternative procedure options

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



Central Venous Access Device (CVAD) 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 'Central Venous Access Device (CVAD) 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):

- ☐ 'Central Venous Access Device (CVAD) Insertion'
- ☐ '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 a Central Venous Access Device (CVAD) 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

Central Venous Access Device (CVAD) 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 a Central Venous Access Device (CVAD) insertion and how will it help me?

A Central Venous Access Device (CVAD) is a thin flexible tube that is inserted into a vein and is used to give you treatment, medication, fluids (including blood products) directly into your bloodstream and to take blood samples. The CVAD will be used over the coming weeks or months, rather than you having a needle inserted into your arm every time you need to be given intravenous (I.V.) medication/ fluids or have blood taken.

There are many different types of CVADs (devices). Depending on your treatment type and length, your treating team will choose the best device for you.

Devices include:

- **Non-tunnelled catheter:** a thin tube which enters a large vein directly through the skin, usually inserted in the neck, groin or upper arm. These lines are short term and are required to be replaced within 7 days of insertion.
- **Cuffed-tunnelled catheter:** is a thin tube that is tunnelled under the skin before entering a large vein. These lines include a cuff to help secure the line and are used long term.
- **Implantable ports:** a port is a small medical device that is implanted completely beneath the skin. It is attached to a thin catheter that is tunnelled under the skin before it enters a large vein. A special needle is required to access the port beneath the skin.

CVADs are inserted in the Medical Imaging department or operating theatre using image guidance, such as ultrasound and x-ray.

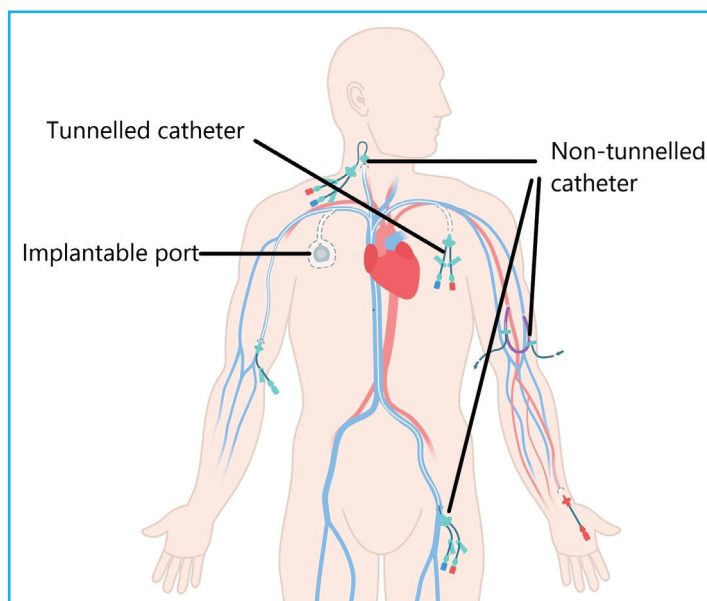


Image: Central Venous Catheter Device (CVAD) insertion sites.
ID: 2167031835 (adapted). www.shutterstock.com

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
 - a drug or medicine dependence
 - 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 may 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 be able to follow simple instructions, such as by holding your breath when instructed by the clinician.

If 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 a CVAD 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

For all devices

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

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

Ultrasound will be used to look at the veins at the base of your neck, or sometimes your groin, to identify a suitable vein for the catheter.

The skin will be cleaned and a sterile drape will cover your body.

Local anaesthetic is used to numb the skin where a small cut is made 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. 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 stitches and a dressing. This type of catheter can stay in for up to a week.

Cuffed-tunnelled catheter

A small cut is made in the skin on your chest and the catheter is pushed (tunnelled) under your skin until it enters the required vein.

Cuffed-tunnelled catheters are held in place with stitches. One or two stitches are also required to close the small cut over the vein at the base of the neck. The cuff on this catheter helps secure and supports it for long-term use.

Dressings will be applied. This type of catheter can stay in for months.

Port/implantable device

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 stitches and dressings are applied.

Implantable devices can stay in for months or even years.

For all devices

After the procedure is complete, you will transfer from the procedure room to a recovery area. The recovery time varies depending on the device inserted and the sedation given.

Your observations will be monitored regularly, and puncture sites monitored for swelling, oozing of blood and bruising. You may be required to rest in bed for 2 to 4 hours. Staff will discuss with you what level of activity is suitable after your procedure.

If the I.V. cannula is no longer required, it will be removed after you have recovered.



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.
- pain or discomfort at the insertion site.
- bleeding or bruising at the insertion site may occur
- 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
- the device may become kinked and need repositioning or removal
- the device may become blocked and need medications to unblock it, or it 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
- any nerve damage at the insertion site is usually temporary and should get better over time. Permanent nerve damage is rare.

Uncommon risks and complications

- serious infection at the insertion site, which may require antibiotics and/or further treatment
- infection in the device, which may require 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 at a different insertion site
- blood clot blocking the vein which may require medication to treat
- an allergy to injected drugs, which may require further treatment
- the procedure may not be possible due to medical and/or technical reasons.

Rare risks and complications

- injected medications may leak outside of the vein under the skin and into tissue, this may require treatment
- a fast or irregular heartbeat. This usually resolves spontaneously, but sometimes this needs further treatment

- the catheter tip may move from the original placement, and the device may need to be removed
- an air bubble may enter the bloodstream. This can travel to the heart causing a heart attack or to the brain causing a stroke
- seizures and/or cardiac arrest due to local anaesthetic toxicity
- death because of this procedure is very 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.

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 procedure¹.

What are the risks of not having a CVAD 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?

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.

Contact your nurse or treating doctor immediately or go to your nearest Emergency department or GP (your local doctor) if you develop any of the following:

- a temperature of 38°C or higher
- the catheter moves or comes out
- you have redness, pain, swelling or fluid leaking from the stitches or around the catheter.

It is very important to avoid unnecessarily touching the CVAD, and always have clean hands when touching the CVAD or areas close to it.

Clots

As the CVAD is sitting in the bloodstream, it is possible for a blood clot (thrombosis) to form. If this occurs, the catheter may have to be removed.

Sometimes medication is used to dissolve the clot. You should tell your doctor or nurse if you notice any unusual swelling of your arm, hand or neck.

Air in the catheter (*non-tunnelled and tunnelled catheters only*)

Air must **NOT** be allowed to get into your CVAD. The clamps should always be closed when the catheter is not in use. The catheter must not be left unclamped when the caps are not in place.

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

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

You will be given a Patient Implant Card (PIC) for your records with the specific details of any implanted devices used. This information may be helpful for any future Magnetic Resonance Imaging (MRI) scans.



5. Who will be performing the procedure?

Doctors, radiographers, nurses, nuclear medicine technologists, sonographers 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:

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