

Please affix patient label or complete details below.

Full name:

Hospital number:

NHS number:

DOB:

PIC 207a: patient agreement to right heart catheterisation

This is a follow up consent form for a patient who has a right heart catheterisation procedure at RPH.

Statement of healthcare professional

I have re-explained the procedure to the patient. In particular I have re-explained:

The intended benefits: To measure the pressures inside your heart and the main blood vessels of your lungs and also to measure blood flow through the lungs in order to help diagnose or manage your condition.

Significant, unavoidable or frequently occurring risks (1 in 100):

- Bruising, bleeding, or damage to an artery at the site where the sheath is inserted.
- Temporary numbing of nerves at the site where the sheath is inserted.
- Puncture to the lung causing collapsed lung (pneumothorax).
- Fainting reactions and low blood pressure.
- Temporary disturbances of heart rhythm.
- Pulmonary embolism.
- Perforation of the wall of the heart or pulmonary artery and cardiac tamponade (fluid build-up around your heart that affects its ability to pump blood effectively)

- ☐ There has been no change to the patient condition
- ☐ The patient has disclosed no new information
- ☐ Patient has withdrawn consent (ask patient to sign and date below)

Statement of patient

I confirm that I have previously received the patient information booklet (PI 207 Right heart catheterisation). I have read and understood its contents and provide my renewed consent for this procedure.

I remain aware of:

- The intended benefits of the procedure.
- The significant and unavoidable risks.
- The alternatives to this procedure, including doing nothing.
- I have had the opportunity to ask any further questions and am satisfied with the answers provided. I consent for the procedure to go ahead.

Signed form must be scanned to EMR and a copy of signed form given to patient.

I understand that:

- Local anaesthetic and/or sedation may be used.
- Additional procedures will only be done if necessary to prevent serious harm or save my life.
- Any tissue removed will be managed according to appropriate legal and ethical standards.

Healthcare professional

Signed:

Date:

Name (PRINT):

Job title:

Contact details

.....
.....

Patient

Patient signature:

Date:

Name (PRINT):

Statement of interpreter (where appropriate)

If an interpreter was present to support this consent, please state the name and number of the interpreter present:

Date:

Interpreter's number:.....

Name (PRINT):



If you would like to access the patient information booklet for right heart catheterisation (PI 207) scan the QR to access via our website.