DESCRIPTION/OVERVIEW
This procedure specifies UNMHSC practice whereby practitioners will obtain informed consent from patients or their legal representatives for operations, special procedures, and associated blood or blood product transfusions.

REFERENCES
The Joint Commission (TJC) 2009 Hospital Accreditation Standards. Rights & Responsibilities of The Individual, Standards RI.01.03.01 and RI.01.03.05.

AREAS OF RESPONSIBILITY
- All inpatient units/departments
- All outpatient areas
- Office of Clinical Affairs
- Nurse Executive Council
- Quality Management Department

PROCEDURE
1. The practitioner will obtain informed consent from the patient or the patient’s legal representative, and must document that informed consent, prior to conducting a special procedure or surgery.
2. Unless otherwise specified, the consent remains valid until the consented special procedure or surgery is completed.
3. Documentation of consent will be in the patient’s medical record. In the absence of a dedicated form, documentation by use of the form Consent for Surgery, Special Procedure, Transfusion is preferred, but consent may also be otherwise documented in the patient’s medical record by the practitioner.
4. The practitioner will inform the patient, or the patient’s legal representative, of the following elements related to the surgery, special procedure, and/or associated transfusion:
   a. the practitioner(s) performing the surgery or special procedure;
   b. the fact that all surgeries and procedures carry the risk of unsuccessful results, complications, injury, or even death, from both known and unforeseen causes, and no warranty or guarantee is made as to result or cure;
   c. the nature of the surgery or procedure;
   d. potential benefits, risks and side effects of the surgery or procedure, including potential problems that might occur during recuperation;
   e. the likelihood of achieving treatment goals;
   f. reasonable alternatives and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment;
   g. any independent medical research or significant economic interests the practitioner may have related to the performance of the proposed surgery or procedure.
5. In an emergency, consent may be implied in the absence of an expressed refusal to consent. Implied emergency consent is appropriate when:
   a. the patient’s medical condition presents an imminent danger to the patient’s life or health and the
patient or patient’s legal representative is incapable of consent or cannot be contacted; or
b. when unanticipated conditions arise during a treatment, surgery or procedure which, if not immediately corrected, present an imminent danger to the life or health of the patient and obtaining consent would excessively delay immediate correction of that condition.

If implied emergency consent is required, the practitioner should document in the patient’s medical record the circumstances requiring implied emergency consent, including both the relevant medical condition and the reason(s) that consent could not be obtained.

6. Consent for a surgery or special procedure should be witnessed, and the witness should sign, date, and time the documentation of consent. It is not mandatory that the witness be present when the provider informs the patient or patient’s legal representative of the surgery, procedure, and/or associated transfusion.

7. In a situation where the patient is unable to give consent and consent must therefore be obtained by the patient’s legal representative, and where a delay in performing the surgery or special procedure (and any associated transfusion) would jeopardize the life or health of the patient, consent may be obtained by telephone, fax, email, or other similar means of communication. Such consent should be witnessed and documented with respect to the special nature of the consent. Whenever possible, written confirmation of such consent should subsequently be obtained.

8. In a situation where the patient is unable to give consent and consent must therefore be obtained by the patient’s legal representative, and where the patient’s legal representative is unable to be physically present to give consent, consent may be obtained by telephone, fax, email, or other similar means of communication. Such consent should be witnessed and documented with respect to the special nature of the consent.

9. If consent is given by someone other than the patient, the consenting person’s relationship to the patient should be documented.

10. If an interpreter is used in the process of obtaining consent, the interpreter should document their involvement, including the language used, the person with whom the interpreter communicated to obtain consent, and the interpreter’s dated and timed signature on the consent documentation.

11. Abbreviations should not be used to delineate the surgery or special procedure being consented.

12. The patient or patient’s representative may withdraw consent at any time. Such withdrawal of consent should be documented in the patient’s medical record, and should include documentation of discussion of any risk to the patient due to that withdrawal of consent. If possible, the previous documentation of consent should be amended to reflect the subsequent withdrawal of that consent.

DEFINITIONS

1. Legal representative: the patient’s parent, legal guardian or agent through power of attorney, or other appropriate surrogate decision maker under the Uniform Health Care Decisions Act who is legally authorized to provide medical consent for the patient.

2. Practitioner: a member of the UNMHSC Medical Staff whose scope of licensure and privileges includes the performance of surgeries, operations or special procedures, or the ordering of transfusions.

3. Special procedure: a clinical procedure which requires significant puncturing or incision of the skin, insertion of an instrument or foreign material into the body, or administration of anesthesia or sedation. Such procedures may include, but are not limited to percutaneous aspirations and biopsies; cardiac and vascular catheterizations; laser procedures; endoscopies; angioplasties; implantation of a chemotherapy port; or electroconvulsive therapy. Such procedures do not include more routine procedures such as simple venipuncture (‘phlebotomy’), routine placement of a Foley catheter, or routine placement of a peripheral IV.

4. Transfusion: The administration of blood, blood components, or blood products into a blood vessel. This may include, but is not limited to, administration of whole blood, packed red blood cells, plasma, or platelets.
SUMMARY OF CHANGES

RESOURCES/TRAINING:
Office of Clinical Affairs; Nurse Executive Council; Biomedical Ethics Committee

DOCUMENT APPROVAL & TRACKING

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<td>David Pitcher, Executive Medical Director for Inpatient Services</td>
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AVAILABLE FORMS:
- Consent for Surgery, Special Procedure, Transfusion – In “Forms” section of Policies, Procedures & Guideline Document Management site
- Vietnamese and Spanish Consent Forms – In “Forms” section of Policies, Procedures & Guideline Document Management site
- Transfusion Brochure – Spanish, Vietnamese & English – In “Forms” section of Policies, Procedures & Guideline Document Management site