CHEST MEDICINE ASSOCIATES
The Pulmonary • Critical Care • Sleep Medicine Specialists

Consent for Surgical and Medical Treatment

Patient Name: _____ Date: _____
Patient Number: _____ Treatment Location: Chest Medicine Associates
Date of Birth: ____/____/_____

I hereby consent to and authorize **Chest Medicine Associates** and other individuals involved in my care to perform a thoracentesis procedure.

Dr._____ or designee has explained to me the purpose and benefits of, and the usual and most frequent risks and hazards involved in such procedures and treatment, including by not limited to: collapsed lung, adverse reaction to anesthetics or medications and bleeding.

Dr._____ or designee has also explained to me any reasonable alternative treatments or procedures and, as appropriate, their usual and most frequent risks and hazards. I understand that I have the right to refuse any suggested procedure or treatment.

I understand that the practice of medicine is not an exact science and practioners cannot guarantee results. No guarantees have been made to me concerning the results of the proposed procedures or treatments. I am aware that other risks such as severe loss of blood infection and cardiac arrest exist with the proper performance of any treatment or procedure.

_____ _____
Witness Signature of Patient

If the patient is a minor or is unable to give informed consent, the following must be completed: The patient is unable to sign this consent form for himself or herself because:
_____
_____

_____
Signature of Patient Representative

_____ _____
Witness Identification of Blood Relationship or Authorized Capacity to Consent

If consent is obtained by telephone, the following must be completed:

1) Consent obtained by telephone; check if yes.
2) Name of third party witness
3) Signature of Third Party Witness _____

Thoracentesis Checklist

History and Physical within 2 weeks _____

Anticoagulants (if taking) held for 1 week

Coumadin _____

Plavix _____

Pradaxa _____

Lab Work:

Platelet Count $\geq$ 100: _____

PTT within normal range: _____

PT-INR within normal range: _____

Imaging Available for Physician Review: _____

Thoracentesis Kit Available _____

Pneumothorax Kit Available _____

Ultrasound Machine Available _____

Sterile Gloves Available _____

Patient Preparation:

Informed Consent Reviewed and Signed _____

Pre-procedure Vitals (BP, HR, RR, SpO2) _____

Gown _____

Table and Pillow _____

Post procedure Vitals: (BP, HR, RR, SpO2) _____

Thoracentesis Patient Handout: _____

Thoracentesis

What is a Thoracentesis?

Thoracentesis is a procedure for removing fluid from the space between the lungs and the inner chest wall. This space is call the chest cavity or pleural space. A needle is used to remove the fluid.

When is it used?

Thoracentesis may be done for 2 reasons:

- To remove fluid from the chest cavity making it hard for you to breathe
- To get a sample of chest fluid to test for infection or cancer cells

A buildup of fluid around your lungs may be caused by infection, cancer, liver disease, heart failure, thyroid disease, pancreatitis, a drug reaction, or kidney disease. Lab tests of fluid samples help to find a cause.

How do I prepare for thoracentesis?

You do not need to do anything to prepare for this procedure.

What happens during the procedure?

You will usually sit, sometimes backward on a chair with your arms resting on the back of the chair. The needle site will be cleaned and you will get a shot of painkiller to numb the area. Your provider will insert a needle through the skin, between the ribs, and into the chest cavity. It is important not to cough, breathe deeply, or move suddenly while your provider inserts the needle. A small amount of fluid will be removed for testing. If there is a lot of fluid and it is making it hard for you to breathe, your provider will remove as much fluid as possible to improve your breathing. When the procedure is done, your provider will remove the needle and put a bandage on the needle site. The test takes about 10-15 minutes.

What happens after the procedure?

After the procedure you may have a chest x-ray to make sure that the lung was not punctured by the needle. The x-ray will also show how much fluid is left in the chest.

What are the benefits of this procedure?

Thoracentesis helps your provider diagnose an infection or tumor in the chest. Another benefit is that it will be easier for you to breathe after fluid is removed.

What are the risks of this procedure?

The main but uncommon risk is accidental puncturing of the lung when the needle is inserted or moved. This is called collapsed lung or pneumothorax. When it happens, air leaks from the lungs and gets trapped in the chest cavity. A small leak is usually not a problem. The air is absorbed by the body over a few hours or a few days. The only treatment for a small leak may be follow-up chest x-rays to confirm that the air is being absorbed. A larger leak may require treatment to remove the air from the chest and allow normal breathing. Other, uncommon side effects are infection and bleeding. Also, if a lot of fluid was removed, more fluid may build up in the lungs, depending on the cause of the fluid.

When should I call my health care provider?

Call your provider right away if:

- You are having trouble breathing.
- You have pain in your chest, shoulder, or upper back.

Call during office hours if:

- You have questions about your results.
- You have questions about when to schedule your follow-up visit.

Chest Medicine Associates
Respiratory Care Policy and Procedure

Title:	Thoracentesis
Personnel:	Physician and Medical Assistance
Description:	Performance of Thoracentesis in the Outpatient Office
Indications:	Diagnostic and therapeutic thoracentesis will be performed using ultrasound guidance. The purpose of the procedure is to provide diagnostic information regarding the etiology of pleural effusions and to provide symptomatic relief for large pleural effusions which are effecting respiratory status. Procedures will be performed in the office setting using ultrasound guidance. Medical assistants will be involved in the procedure to help with patient preparation and sample processing.
Contraindications:	In general there are few contraindications to performing a thoracentesis. If there are concerns by the medical staff, they should be discussed with the performing physician.

All patients should have the following labs performed within 1 week of the procedure:

1. PT-INR
2. PTT
3. Platelet Count

Patients taking medications that effect ability for blood to clot including Coumadin, Plavix and Pradaxa should have stopped taking the medication 1 week prior to the procedure. Arrangements for restarting the medications should be made by the referring physician

Patient with thrombocytopenia (platelet count less than 100) should be discussed with performing physician prior the procedure

Patient unable to sit upright for 30 minutes should be discussed performing physician prior the procedure

Morbidly Obese Patients with BMIs greater than 40 should be discussed with the physician prior to scheduling the procedure.

Equipment / Supplies:

Thoracentesis Pre-procedure Checklist
Ultrasound Machine and Ultrasound Jelly
Thoracentesis kit
Pneumothorax Kit
Sterile gloves
Mask
Oxygen with capability to deliver through nasal cannula and mask
Stethoscope, blood pressure cuff and pulse oximeter

Patient Preparation: Patients should be asked to disrobe from the waist up and put on a patient gown with the opening in the back. A pre-procedure checklist should be completed by the medical assistant. Medical assistant will review procedure with the patient and obtain informed consent. The patient should be placed in a seated position on an examination table. Vital should be obtained including heart rate, blood pressure, respiratory rate and oxygen saturation. There should be table with pillow available for the patient to lean on during the procedure. The ultrasound machine should be available in the examination room.

Infection Control: All standard CMA infection control guideline must be followed during the preparation and administration of the test. Routine use of gloves is required.

Procedure:

The procedure will be performed by the attending physician or the pulmonary fellow with attending supervision.

The procedure will be performed with ultrasound guidance and should include:

1. Documentation by ultrasound of a pleural effusion Ultrasound images should be saved and stored in the EMR
2. Documentation of the procedure in the EMR including location, volume of fluid removed and diagnostic testing ordered
3. Documentation by ultrasound of the absence of post procedure pneumothorax
4. Documentation of post procedure vital signs including respiratory rate, blood pressure, oxygen saturations and heart rate.

Emergency Protocol: Although complications from thoracentesis are uncommon they can occur. The presence of a pneumothorax post procedure should be determined

by ultrasound. If a pneumothorax is present and requires treatment, a disposable pneumothorax kit will be available for the physician. Post insertion of a pneumothorax catheter, the physician can determine if the patient is safe to go home with the catheter in place of if they need to be admitted to the hospital for observation.