

Online Appendix 2 Sample consent form for pleural procedures

Name of proposed procedure or course of treatment
(include brief explanation if medical term not clear) **RIGHT / LEFT -SIDED DIAGNOSTIC ± THERAPEUTIC**
PLEURAL ASPIRATION AND IMAGE STORAGE & USE

Statement of health professional (to be filled in by health professional who is capable of performing the procedure unsupervised, OR who has received specific training to obtain consent for the procedure, in accordance with OUHT's Consent Policy, which staff may access on the OUH intranet).

I have explained the procedure to the patient. In particular, I have explained:

1) The intended benefits

- Finding a cause for changes in pleural space
- Improving breathlessness

2) Serious, unavoidable or frequently occurring risks

Failure to make a diagnosis or improve breathlessness, pain, infection, difficulty breathing or low blood oxygen levels (≤2%), air leak requiring chest tube insertion (≤2%), lung damage, bleeding (≤2%), low blood pressure

*NB If using pre-printed list of benefits and risks, affix to both copies of Consent Form, and detail any risks specific to the patient
(Please tick if the patient has refused information about risks and benefits of the procedure)*

3) Any extra procedures which may become necessary during the procedure

other procedure

Chest tube insertion, blood transfusion

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient. *(Document any further detail in patient's health records)*

An information leaflet about the procedure has been provided to the patient Yes No *(please circle; if 'YES' complete details below)*

Title: **Pleural aspiration - Information for patients (OMI 12352P)**

Where appropriate, I have explained if a Technical Adviser may be present during the procedure, and I have explained what his/her role will be. *(Document any further detail in patient's health records)* Yes Not Applicable *(please circle)*

This procedure will involve:

local anaesthesia sedation

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