Boston Children's Hospital

Use Plate, Label, or Print:

Name:

BCH MRN#:

DOB: Gender: M F

INFORMED CONSENT: PROCEDURE (ONE-TIME)
FORM TITLE

The procedure/treatment recommended to treat or provide a diagnosis of me or my child is:	Bronchoscopy Bronchoalveolar Lavage
The procedure/treatment will be done or supervised by [clinician name(s)]:	Attending- Fellow-
The reasons for the procedure/treatment that have been discussed with me are:	Evaluate airways, obtain specimens for cultures and laboratory studies Other:_____
The benefits of the procedure/treatment that have been discussed with me are:	Identify treatable disorders or pathogens
The risks of the procedure/treatment that have been discussed with me are:	Fever, sore throat, cough, infection, bleeding (which is usually very minimal and almost always stops by itself), pneumothorax (a perforation or hole in the airway which may result in air within the chest but outside of airways which may require evacuation with a chest tube), increase in current symptoms.
Alternatives (other options) to this procedure that have been discussed with me (and their risks and benefits) are:	Not doing the procedure

☐ I understand that during and up to 7 days following this procedure, administration of blood or blood products may be required. All blood and blood products are tested for infectious diseases; however there is an extremely low possibility of infection or incompatibility.

Other important information the provider believes I should know includes:

- I have talked to my doctor or health care team about other treatment choices and their risks and/or benefits.
- We have talked about what will likely happen if I say "no" to this procedure.
- If it is best for me or my child, my doctor may change the plan if he/she finds other problems during the procedure.
- I understand that I can change my mind. If I do, I must tell my doctor or team as soon as possible.
- My doctor or authorized clinicians may have help from others. I have been told who will help (if it is known). I understand that the team members sometimes change during the procedure.
- Tissue removed from my child's body may be tested, and may be used (without identification) for teaching and research.
- Students and others may watch the procedure for educational purposes, and pictures/video may be taken.
- All of my questions have been answered. I agree to the procedure/treatment/test.

Patient Representative/Patient Signature

All of my questions have been answered. I agree to the procedure/treatment/test.

Patient's Signature	Name (printed):		TIME	Date
Patient Representative Signature	**Name (printed):**	**Relationship to patient**	**TIME**	**Date**

The patient should sign if over 18 or emancipated. Patient Representative and patient should both sign if child is under 18 but old enough to understand.

Physician/Authorized Clinician's Attestation

I have discussed the procedure, information above, and answered questions. The patient/parent/guardian has explained their understanding of the procedure back to me.

Clinician's Signature	Name (printed):	Credentials	TIME	Date

Interpreter/Witness Signature **Name (printed):** **TIME** **Date**

(If an interpreter is used, they must sign. The signature of a witness is required for telephone consent but is otherwise optional.)
Consent obtained over telephone from _____, the patient's parent/guardian. The same information on the informed consent form was communicated verbally. Use telephone consent only when informed consent in person cannot be obtained due to extraordinary circumstances.

Why would my child need blood or blood products? What are the risks?

- Blood and blood products are given to improve the oxygen supply to the body. They help to correct bleeding problems and can be life-saving.
- Sometimes blood is donated by the patient in advance of a procedure for his/her own need, but usually blood is given by healthy volunteer donors. Donated blood is tested for many diseases including HIV (the virus that causes AIDS), viruses that cause hepatitis (Hepatitis B virus and Hepatitis C virus), West Nile Virus, and syphilis. This screening and testing means that the chance of catching a disease from blood is extremely low. There is a small chance of developing other reactions from transfusions, such as allergies, fevers, complications from too much fluid in the bloodstream, lung injury, and reactions from receiving incompatible blood. These reactions are generally treatable and patients almost always recover quickly and completely. However, in rare cases, patients can die from a complication from a blood transfusion.
- You have the right to refuse a blood transfusion. Refusing a blood transfusion may be risky because it may limit the kind of treatment that your child can safely receive. If you are considering refusing a transfusion, please discuss with your doctor what that would mean for your child's health and treatment.