



PATIENT NAME: AGE: SEX: M F

MR NO : CONSULTANT NAME:

DIAGNOSIS:

IMPORTANT NOTE: THIS CONSENT IS VALID FOR ALL HEMODIALYSIS SESSIONS FOR "ONE MONTH" FROM THE DATE OF SIGNING

PROCEDURE: In Hemodialysis, blood is allowed to flow, a few ml/min at a time, through a special filter that removes wastes and extra fluids. The clean blood is then returned to the body. Removing the harmful wastes, extra salt and fluid helps control blood pressure and maintain a proper balance of chemicals like potassium and sodium in the body. Hemodialysis is offered to patients with End Stage Kidney Disease (ESKD) and also to patients who have acute kidney injury.

RISK OF THIS PROCEDURE:

While majority of patients have an uneventful procedure and recovery, few cases may be associated with complications. These are seen infrequently and not all the ones listed below are applicable to one individual. However, it is important that you are aware of the complications/risks that may arise out of this procedure which are as below:

NOTE: THE LISTED RISKS AND COMPLICATIONS ARE NOT ALL INCLUSIVE.

<ul style="list-style-type: none"> • Bacterial and/or viral (eg. Hepatitis B or C) contamination of my blood which may cause infection or bacterial infection of the blood called Sepsis. • Bleeding due to blood clotting problems or disconnection of blood tubing. • "Destruction" or the breakdown of red blood cells, known as hemolysis. • Internal bleeding or bleeding from the access site. • Infections of the access site (catheter or fistula infections). • Introduction of air into bloodstream. • Sympathetic hypotension 	<ul style="list-style-type: none"> • Shock or cardiac arrest. • Allergic and toxic reactions to drugs, solutions, artificial kidneys or other equipment used during the hemodialysis treatment. • Clotting of the access. • There may be some side effects associated with hemodialysis related to fluid and chemical changes during or after the hemodialysis treatment. Some of them are osteoporosis, electrolyte imbalance, headache, nausea, dizziness, fainting, irregular heartbeats, and decrease in blood pressure, muscle cramping and confusion.
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PATIENT SPECIFIC RISKS:

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3.

PATIENT CONSENT:

- I have been informed that my kidneys are not functioning and that I need Hemodialysis to sustain my life. I understand that while Hemodialysis is a life-sustaining procedure, it is not a cure for kidney failure.
- The doctor has explained my medical condition and proposed treatment/procedure. I have been explained and have understood the risks known to be attached with the planned treatment/procedure including the risks that are specific to me, and their likely outcomes.
- I understand that Hemodialysis involves, among other things, the insertion of tubes and/or needles into my veins or fistula or through a catheter and the use of artificial kidneys to filter my blood.
- I also understand that, along with the hemodialysis treatment, I may need laboratory tests, radiology and surgical procedures to assure adequate function of the equipment and effectiveness of the treatment.
- The hemodialysis procedure and the alternatives to hemodialysis have been explained to me. I understand the alternatives to hemodialysis to be peritoneal dialysis or transplantation and that I may be evaluated for either whenever I choose.
- The doctor has explained other relevant/alternative treatment options and their associated risks. The doctor has also explained the risks of not having the procedure. I have been given the choice to take a second opinion.

- I fully understand that it will be detrimental to my health or even risk to life, if I do not follow the prescribed treatment by the doctor.
- I will immediately notify my physician of any adverse reactions or problems. I may have with regard to these hemodialysis treatments.
- I was able to ask questions and raise concerns with doctor about the procedure and its risks, and my treatment options. My queries and concerns have been discussed and answered to my full satisfaction.
- I authorize repeated hemodialysis treatments, unless I specifically revoke this consent within its validity.
- The doctor has explained and it has been agreed to me that if immediate life-threatening events occur during the treatment/procedure, they will be treated according to the prevalent medical norms.
- It is also advised to use new haemodialyzer each time for safety. Reuse of dialyzer is known to increase the risk of contracting infections and chemical reactions and can be risk of life. Despite the best of precautions, reuse of dialyzer is known to increase the risk of contracting infections like HIV, Hepatitis B and C. Reuse can also decrease the clearance of dialyzer.
- It has been explained to me, that during the course of or subsequent to the operation/procedure, unforeseen conditions may be revealed or encountered which may necessitate urgent surgical or other procedures in addition to or different from those contemplated. In such exigency, I further request and authorize the above named physician/surgeon or his designee to perform such additional surgical or other procedures as he or they consider necessary or desirable in my interest. I understand and agree that in such condition there will be no requirement of any additional consent from me or my family members/attendants.
- I declare that no guarantee of what so ever nature has been given by anyone as to the results that may be obtained.
- It is also advised to take dialysis absolutely regularly as per the advice of the doctor. Delay or postponing the dialysis may lead to complications like loss of consciousness; increase potassium levels and fluids in the lungs, which may even prove fatal.
- I consent to if any photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of body, for medical, scientific or educational, and marketing purposes. However suitable precautions shall be taken by the hospital that may identify is not revealed anywhere.
- For purposes of advancing medical education, I consent to the admittance of observers to dialysis room.
- I understand that I have the right to refuse the treatment or withdraw consent at any time. I agree that any such refusal/withdrawal shall be in writing and acknowledged by the hospital. And I shall be solely responsible for the outcome of such refusal.

I certified that I have received complete information in my own language and fully understood the above consent statement, that all of my questions have been answered to my satisfaction, that all blanks requiring insertion or completion were filled in, prior to the time of my signature, and the this consent given with stable mind, freely, voluntarily and without reservation.

I hereby authorize Dr..... and those he/she may designate as associates or assistants to perform upon me the hemodialysis procedure.

 Name and Signature of _____ relationship with _____ date: _____

 Patient/guardian/relative: _____ patient: _____

 Name and Signature of Witness:

Doctor's statement: I have been explained the patient's conditions, need for dialysis therapy, the procedure and the risks, likely consequences if those risks occur and the significant risks and problems specific to this patient. I have given the patient/guardian/relative an opportunity to ask questions about any of the above matters and raise any other concerns, which I have answered as fully as possible.
 I am of the opinion that the patient/guardian/relative understood the above information.

Signature of the doctor:

Name of the Doctor: