

מס' זהות:	שם פרטי:
שם משפחה:	תאריך לידה:
שם האב:	
כתובת:	
טלפון:	

**מדבקת פרטי מטופל**

**טופס הסכמה: הזדרת צנתר ורידי מרכזי**  
**INSERTION OF CENTRAL VEIN CATHETER**

The planned and initiated introduction of a central catheter is performed to administer treatment with different preparations, products and medications. The use of a central vein avoids the need for repeated puncture of peripheral veins and also reduces the risk of leakage outside the vein of substances that may cause damage to tissues. The catheter may also be used for taking blood samples or taking stem cells for transplant and/or hemodialysis treatment.

There are also cases in which a central vein catheter is inserted in the absence of available peripheral veins. Continued use of a catheter will require its replacement at determined time intervals. It is sometimes necessary to change the catheter early as a result of a decrease in its function.

The procedure is performed under local or general anesthesia.

Name of Patient: \_\_\_\_\_  

Last Name
First Name
Father's Name
ID No.

I hereby declare and confirm that I received a detailed verbal explanation from:

Dr. \_\_\_\_\_  

Last Name
First Name

regarding the necessity to introduce a central vein catheter into the \_\_\_\_\_ vein (hereafter the "main treatment").

I declare and confirm that the side effects of the main treatment have been explained to me, including pain and discomfort.

The possible complications associated with insertion of the catheter or its presence in the vein have been explained to me, including: pneumothorax earlier or later, local bleeding, hemorrhage into the pleura, which may require a chest operation, injury to adjacent organs, including blood vessels of the lung and injury to the heart muscle, local infection, septicemia and, thrombosis round the catheter. These conditions may cause the formation of emboli of blood clots and/or infectious emboli. Air emboli may also be caused. The presence of the catheter in the vein may cause inflammation in the vein and disturbances of blood flow. The appearance of these complications sometimes warrants removal of the catheter or its replacement. There may also be complications of the catheter itself, including perforation, tears or separation of the catheter into the blood vessels, and also an allergic reaction to the substance from which the catheter is made.

I hereby give my consent to performance of the main treatment.

I hereby declare and confirm that it has been explained to me and I understand that there is a possibility that during the main treatment the need may arise to increase its extent, to change it, or to undertake other or additional means in order to save life or to prevent bodily harm, including surgical procedures under general anesthesia that cannot be foreseen certainly or fully at the time but whose significance has been explained to me. Therefore I also consent to that extension, change or performance of other or additional surgical procedures that in the opinion of the hospital physicians will be essential during the course of the main treatment or immediately after it.

My consent is also given for the performance of local anesthesia if necessary and at the discretion of the treating physicians after the risks and possible complications of local anesthesia, including an allergic



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reaction of varying degrees to the anesthetic substances, has been explained to me. If it becomes necessary to perform the main treatment under general anesthesia, an explanation of the anesthesia will be given to me by an anesthetist.

I know and agree that the main examination and all other procedures will be carried out by whoever is designated to do so, according to the institutional procedures and directives of the institution, and that it has not been promised to me that they will be carried out in whole or in part by a specific person, but only that they will be performed under the standard degree of responsibility of the institution, according to law.

Date	Time	Patient's Signature
Name of Guardian (Relationship)	Guardian's Signature (for incompetent, minor or mentally ill patients)	

I hereby confirm that I provided the patient / the patient's guardian\* with a detailed verbal explanation of all the above mentioned, as required, and that he/she signed the consent form in my presence after I was convinced that he/she fully understood my explanations.

Name of Physician	Physician's Signature	License No.
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\* Cross out irrelevant option.

