

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

מדבקת פרטי מטופל

טופס הסכמה : טיפול בדיאליזה ציפקית

CONSENT FORM: PERITONEAL DIALYSIS

Dialysis is substitution treatment for kidney function and is intended for persons suffering from kidney failure. The treatment is essential for maintenance of life but does not result in restoration of health.

The treatment is carried out by the introduction of fluid into the peritoneal cavity of the abdomen by means of a catheter. The catheter is inserted into the abdominal cavity under general or local anesthetic. As part of peritoneal dialysis, strict attention is required to a special diet, taking of certain medicines, periodic follow-up, and a life style in keeping with instructions from the treatment team.

The treatment is carried out a number of times a week, according to the state of the patient, in a treatment facility or at home. Every treatment takes a number of hours and after a short rest, the patient may generally return to usual activity.

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 need for treatment by peritoneal dialysis. I received an explanation concerning the treatment process and the necessary life style.

Effects related to the treatment including weakness, discomfort and abdominal pain were explained to me. Possible complications of the treatment were explained to me: bleeding, peritoneal hardening, injury to internal organs, infection in the channel under the skin around the catheter, infection of the peritoneum, septicemia, disturbance of electrolyte and carbohydrate metabolism of the body, heart disturbances, disturbances of the digestive system, disturbances of the peripheral and central nervous system, bone diseases, acceleration of the atherosclerotic process (hardening of the arteries), pneumonia, pleurisy, heart failure and lung edema.

I hereby declare that I also received an explanation concerning the possible alternative treatments under the circumstances of the case including the risks and complications associated with every one of these treatments, and I hereby give my consent to carrying out treatment by peritoneal dialysis.

I also consent to the insertion of a catheter into my abdomen after the following possible complications of carrying out the procedure have been explained to me: bleeding, infection, injury to abdominal organs which sometimes may require surgical repair, and in very rare occasions even death. The possible complications of local anesthetic have been explained to me including an allergic reaction in different degrees to anesthetic materials, and nerve injury; and the possible complications in the case of the need for general anesthetic: including damage to teeth, injury to the vocal cords as a result of the intubation, and allergic reaction in different degrees to anesthetic materials which in very rare cases, may end in death.

I know and agree that the insertion of the catheter and all the procedures will be carried out by whoever is designated to do so, according to the institutional procedures and directives of the hospital with the standard degree of responsibility and according to the law, and the physician responsible for insertion of the catheter will be*: _____

Name of physician



מרכז רפואי ע"ש ברוך פדה, פוריה
The BARUCH PADEH Medical Center, PORIYA

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מדבקת פרטי מטופל

DateTimePatient Signature

Name of Guardian (Relationship) Guardian 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 Signature License No.

*Fill in the case of a private physician ** Cross out irrelevant option.