SEMMELWEIS UNIVERSITY
Faculty of Medicine
Department of Pulmonology

Head of the Department
Prof. Veronika Müller M.D., Ph.D., D.Sc

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PATIENT INFORMATION AND CONSENT FORM FOR CENTRAL VEIN CANNULATION

English Translation

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PATIENT INFORMATION AND CONSENT FORM FOR CENTRAL VEIN CANNULATION

Patient's name: .....
TAJ Number (Social Security Number):……..
Place of birth: ..... Date of birth: .....
Current address: .....
Phone: .....
Diagnosis: .....
Name of informing and performing physician: .....

Our Dear Patient!

A central, large (neck or chest) vein cannulation/catheterisation is necessary for your medical traitment to ensure medication administration and to get blood sampling.

After local anaesthesia, the large neck/chest subclavian) vein is punctured and the central catheter/cannula is inserted.

The following complications may occur during the procedure:

- Rare: Local bleeding
- Very Rare:Mild or circulation-impacting cardiac arrhythmia
- Lung injury/Pneumothorax,
- Vessel wall injury

If the procedure is not performed, medication administration may become unreliable.

I declare, I have received information about (concerning) the above procedure.

I have understood and got the opportunity to read and discuss it with the physician performing the procedure.

I have received satisfactory answers to my questions.

Budapest, 20…….

....
Patient/legal representative Name, signature and stamp of informing physician

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I have understood the information described, I refuse the treatment, I do NOT consent to its performance:

…… …….
Patient/legal representative Name, signature and stamp of informing physician

In our presence, as witnesses:

…… ……
Witness 1. Witness 2.

Budapest, 20…….

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