

**Consent: Hemodialysis/Hemofiltration –  
Peritoneal Dialysis – Apheresis**

**This section is about the operation or procedure:**

- You are having (check those that apply):
  - Hemodialysis/Hemofiltration (including CRRT): This procedure removes a small amount of your blood at a time and sends it through a machine. The machine cleans the blood of waste, which your kidney would normally remove. The machine can also be used to treat fluid excess or poisonings.
  - Peritoneal Dialysis (including APD and CAPD): This procedure uses the tube in your belly (called a PD catheter) to carry special fluid. This fluid uses your own tissues to clean the blood of waste, which your kidney would normally remove. It can also be used to treat excess fluid or poisonings.
  - Apheresis (all types): This procedure removes a small amount of your blood at a time. The machine separates the blood into its main parts: the water part (plasma) and the cell part (red cells, white cells, and platelets). Part of the blood is thrown away. The part thrown away depends on the type of procedure you need. You will get the rest of your blood back. You may get a transfusion (red cells or plasma). This will depend on the type of procedure you need. This procedure can also be used to treat poisonings. A special filter can be used to remove cholesterol (called lipopheresis).
- The person talking with you about the operation or procedure, and your options, is:  
\_\_\_\_\_
- The person in charge of doing and overseeing the operation or procedure is:  
\_\_\_\_\_
- There are always risks. For this operation or procedure, some of these risks include:
  - Hemodialysis/Hemofiltration: Bleeding from the catheter site or ports, reaction to artificial kidney, low blood pressure and infection.
  - Peritoneal Dialysis: Low blood pressure, bleeding and infection.
  - Apheresis: Low blood pressure, reaction to the filter, nausea and vomiting, transfusion reaction (if given transfusion as part of the apheresis procedure).
- Other notes: \_\_\_\_\_

**This section is for your permission to have the operation or procedure:**

- I allow Vanderbilt University Medical Center (VUMC) and staff to treat me.
- The staff may include: doctors, nurses, residents and students. This staff may help to do important parts of my operation or procedure. The staff may also include technicians, assistants, or others. The doctor may ask others who do not work at VUMC to be in the room to support the use of the equipment.

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- I know what I am having done. I know the reason I am having it done. I know the risks and benefits of it. I know the other choices that I have.
- During the operation or procedure, I may need something more done. I allow something more to be done if the doctor decides it is needed.
- Before my operation or procedure, the spot on my body may be marked.
- Sometimes removing parts of the body or fluids is normal. I allow them to be studied to find a problem, thrown away, or used for teaching and research.
- I know that my results are not certain.
- If any Vanderbilt employee is exposed to my blood or body fluids, I will allow my blood to be tested.

**This section is about needing blood or blood products:**

I know that I may need blood, blood products, or both. I know that receiving blood or blood products may have risks like fever and chills. Another risk is allergic reaction with itching and hives. In rare cases; allergic reactions may cause death. Also in rare cases, there may be a chance of diseases in the blood such as: hepatitis B, hepatitis C, HIV/AIDS as well as other risks. I know that the Red Cross and other blood banks use steps to decrease these problems by screening blood/blood products and in blood typing. I agree to receive blood or blood products if the doctor decides they are needed.

I refuse to receive blood or blood products. [Staff to complete MC#3944 Refusal of Blood]

**This section is to give permission:**

Patient/person legally able to sign for patient: I have read and understand this information. My questions are answered.

Sign name: \_\_\_\_\_  
[Person legally able to sign may sign if patient is not able or if patient is a minor]

Print name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

Telephone consent given by: \_\_\_\_\_ Relation: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

Witness to sign name: \_\_\_\_\_ Title: \_\_\_\_\_  
[Needed for telephone consents] Date: \_\_\_\_\_ Time: \_\_\_\_\_

The patient or person legally able to sign for the patient is able to tell me in his/her own words about the operation or procedure. This includes the part of the body involved, risks, benefits, and options.

Doctor or person doing the procedure to sign name: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Contact information for the interpreter, if one was used:

Name: \_\_\_\_\_ Language: \_\_\_\_\_ Number: \_\_\_\_\_