

SAMPLE MIDLINE INSERTION CONSENT FORM

I, _____ hereby give written informed consent to have a midline catheter inserted into my arm.

I understand that my supervising physician, Dr. _____ has given an order for the placement of this midline for the following indication(s) _____.

I understand that the midline catheter has been medically determined to represent the most effective means for receipt of this treatment/indication.

I fully understand that the insertion of a midline catheter is an invasive procedure which is accompanied by certain risks which include, but are not limited to: unsuccessful placement, local and/or systemic infection, cardiac arrhythmias, wire retention, infiltration, catheter embolism, air embolism, hematoma at the insertion site, catheter tip malpositioning, phlebitis and thrombophlebitis. I understand that all appropriate measures will be employed to reduce or eliminate the chance of these risks occurring.

I fully understand that the procedure will only be attempted once evaluation of my upper extremities substantiates that I am an appropriate candidate for midline placement. If I am not a candidate for a midline catheter, other alternative devices will be discussed with me. I fully understand that only an experience and qualified Registered Nurse or Physician will perform the insertion of the midline catheter.

PATIENT: _____

DATE: _____ TIME: _____

WITNESS: _____

DATE: _____ TIME: _____

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