



# Clark Memorial Hospital

A Norton and LifePoint Partnership

Effective: 03/1995

Last Approved: 02/2016

Last Revised: 05/2003

Next Review: 01/2019

Owner: KELLY JONES: SURGICAL SVS

Policy Area: Surgical Services - Main OR and  
CMOPS

References:

Applicability: Clark Memorial Hospital

## Consent for Operations and Other Procedures

### POLICY STATEMENT

To assure informed consent is obtained by the patient and/or authorized person for a procedure or surgery to be performed.

### PROCEDURE

WHO:	DOES WHAT:
Physician	Explains the procedure, risks, and expected outcome to the patient and/or appropriate representative prior to procedure. This is documented in the history and physical or progress notes.
Patient or Authorized Representative	Indicates by signing the form he/she has been informed by the physician of the procedure and risks and complications of the procedure or operation. If the patient is incapable of consenting for his own healthcare and has not appointed a healthcare representative and a guardian has not been judicially appointed for him, then the patient's spouse, parent, an adult child or an adult sibling may give such consent (Indiana Health Care Consent Law).
RN/LPN	Witnesses the patient or representative signing the consent. Notifies physician if the patient or representative refuses to sign consent.
RN/Preop Holding Area	After verifying operative site with patient, the RN initials operative siteline and has patient initial appropriate line and identifies right or left as appropriate.  <b>NOTE:</b> If physician has not explained and documented in the medical record the procedure, risks, benefits, expected outcome, etc., consent <b>cannot</b> be signed and the physician will be notified.
Consent Form	The consent form shall include the following: <ol style="list-style-type: none"> <li>1. Date</li> <li>2. Time</li> <li>3. Patient's name</li> <li>4. Procedure or operation to be performed (no abbreviations)</li> <li>5. Person or persons performing procedure or operation</li> </ol>

6. Signature of patient or representative
7. Person and/or relationship to patient
8. Witness
9. Signature and date of anesthesiologist
10. Operative site identification (verification of site, right or left as appropriate and initialled by patient and nurse).

**Note:**

1. Consent is valid up to seven days unless cancelled or change in patient condition. New consent must be signed in these circumstances.
2. If anything is added to consent, RN makes changes with date and initials, then has patient initial and date also.

**Attachments:**

No Attachments

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