

Extracorporeal Membrane Oxygenation (ECMO) Insertion and Eventual Explantation CON 0547

I hereby authorize Dr(s) (*the primary surgeon(s) or practitioner(s)*) _____ *and whomever he/she may designate as his/her assistant(s)* to perform upon _____ (*patient name*) the following surgical, medical or diagnostic procedure(s): Extracorporeal Membrane Oxygenation (ECMO) Insertion with Eventual Removal

I also authorize the administration of anesthetics by or under the direction of the physician that has been trained to perform the required local anesthetic or moderate or deep sedation.

- 1. The nature of the condition that led to the need for the procedure/test is:** It is a medical supportive treatment for patients who are extremely sick, or in progressive state of shock, when heart and/or lungs are poorly functioning or failing.
- 2. The likely result without this procedure/test is:** progressive shock, irreversible respiratory (lung) failure, heart failure, death
- 3. Brief summary of procedure/test:** Used to oxygenate blood and deliver it to the rest of the body.
- 4. Reasonable risks (but not limited to) of the procedure/test:**

Surgical Risks:

- ✓ Bleeding, with need for blood transfusion and/ or return to the OR
- ✓ Return to OR to remove a temporary device or sternal chest closure
- ✓ Infection
- ✓ Stroke
- ✓ Death

Treatment Risks:

It is a time-limited treatment. For some patients, the treatment will allow the body time to heal and work on its own, but for others, the treatment will not help the body heal and it will continue to fail. The benefits of ECMO will be re-evaluated every day and the treatment will be stopped when the physician determines that it is no longer helping, and the body will not recover. The signs that of ECMO, is not helping the body heal and should be stopped include other organs failing like kidney and liver are:

- ✓ Other organs failing (e.g. kidney and liver)
- ✓ Large area of bleeding in the brain
- ✓ Brain injury from a loss of oxygen
- ✓ Uncontrolled bleeding from anywhere in the body
- ✓ Heart or lung function not improving

Additionally, during times of increased patient need and limited resources, the hospital may use extra screening standards for who may be helped by ECMO treatment. These standards will be equally applied to all patients. These standards may also decide when a patient is no longer being helped by the treatment and will therefore be removed.

- 5. Potential benefits of the procedure/test are:** Allow time for heart and lungs to recover
- 6. Potential alternatives to the procedure/test are:** no treatment
- 7.** My physician, the responsible physician, will be present for all critical parts of the procedure, even in the event of overlapping procedures [See page 2 if applicable] although other medical professionals may perform some non-critical aspects of the procedure as my responsible physician deems appropriate. I understand that MedStar is a teaching organization. This means that resident doctors, doctors in medical fellowship (fellows) and students in medical, nursing and related health care professions receive training here, and may take part in my procedure, under the oversight and supervision of the responsible physician.
- 8.** My physician has advised me about reasonable treatment alternatives and their potential complications, the expected course of recuperation and risks that may occur during recuperation, and the possible consequences of refusing treatment.



Extracorporeal Membrane Oxygenation (ECMO) Insertion and Eventual Explantation CON 0547

Additional Information for Patients Undergoing Overlapping Procedures

What is an Overlapping Procedure?

An overlapping procedure is the practice of the surgical team preparing one patient for a procedure in one room while at the same time other team members finish another patient's procedure in a separate room. National studies have found no difference in complications from procedures where overlapping occurs. There are very strict rules that apply during an overlapping procedure. The responsible physician must complete the key portions of any overlapping procedure.

What to Expect for Your Surgery or Procedure

Your care team is led by your "Responsible Physician". This is the surgeon responsible for your procedure. Your Responsible physician:

- Will be in the procedure room for the critical portions of your procedure.
- Might not be in the room with your care team for noncritical portions of your procedure.
- Will be immediately available to return to the room and assist your care team if needed.
- Will ensure the team members performing the noncritical portions are qualified and capable of performing their part.
- May begin to be involved in the care of another patient before and after the critical portions of your procedure are completed. In this situation, another physician is identified in advance to assist the care team-in the rare circumstance in which help is needed.
- Will not perform critical portions of a procedure on another patient in another room at the same time as critical portions of your procedure are being completed, except in the case of an emergent or life-threatening situation with another patient.

Patient's Consent

I voluntarily give authorization and consent for the procedure/test as described above, unless otherwise indicated; to be performed by my physician or other qualified health professionals. I have had an opportunity to ask questions of my physician and have had my questions answered to my satisfaction.

I understand that the treatment will continue only as long as the physicians believe it is appropriate.

Signature of Patient or Designee/Substitute Date Time Designee/Substitute Relationship

Signature of Witness Date Time

Treating Practitioner's Statement

I or my designee (*print name of designee*) _____ have explained to the patient and/or other decision-makers the nature of the procedure/test, benefits, alternatives, risks, and likely result without this procedure/test. Answers to questions have been provided.

If applicable, the above information has been communicated through a qualified interpreter.

In-person Phone Video _____
Interpreter Name or ID# Date Time

Signature of Treating Practitioner Date Time

Print Name: _____

