



Association for Radiologic & Imaging Nursing

CLINICAL PRACTICE GUIDELINE

Informed Consent for a Radiology Procedure

Overview

Patient consent is required at various times in health care delivery. Radiology procedures requiring consent include but are not limited to: 1) invasive procedures such as a biopsy, drainage and/or placement of a drainage catheter, 2) angiograms or venograms, 3) vascular access catheter placement and 4) moderate sedation for a procedure. Signed informed consent forms are valid for thirty (30) days after being signed by the patient or designated family member/healthcare provider or power of attorney provided that the patient's condition has not changed, the risks and benefits are the same, and the patient has not withdrawn her/his consent. These are recommendations of ARIN. Please refer to your institution's own policy on informed consent for the final word.

Target Audience

Radiology nurses, radiology technologists, radiologists, radiology administrators, radiology residents & fellows, medical students, other healthcare providers.

Nursing Implications

The Physician or healthcare provider (HCP) performing the procedure shall obtain informed consent for any invasive or therapeutic procedure where, in the physician's judgment, the recommended treatment or procedure carries a foreseeable risk of serious bodily harm or death or foreseeable risks which a reasonable person might consider significant in deciding whether or not to consent to each recommended treatment or process.

Physician or HCP responsibilities: It is the physician or HCP's duty to obtain an informed consent to treatment so that the patient's written affirmation of consent can be obtained.

This process requires:

- A determination that the patient has the capacity to give or withhold consent (and has not been adjudicated legally incompetent by a Court).
- Disclosure of the patient's condition, and the recommended treatment along with alternative treatment options and the risks, benefits and probable effectiveness of each.
- Disclosure of foreseeable risks of a contemplated treatment or procedure, including the possibility of serious bodily harm or death, or potential problems related to future procedures.
- Disclosure of risks which a reasonable person might consider significant in deciding whether or not to consent to such recommended treatment or procedure, as well as risks which the physician knows or should know to be significant to the particular patient.

A physician's order for the wording on the consent form:

It is also recommended that conversations regarding both informed consent and refusal of treatment be documented in a physician's narrative note in the medical record. If a patient refuses treatment, the physician should also document risks attendant to refusing such treatment. Physicians may choose to serve as witness to the patient's signature.

- The patient or designated family member/healthcare provider or power of attorney will be asked to sign the specific consent form acknowledging that the contemplated treatment or procedure has been discussed with her/him by the physician and that she/he is satisfied that sufficient information has been given upon which to base an informed decision regarding such medical treatment.
- Patient refusal of recommended care should also be documented by obtaining the patient's signature indicating that the risks attendant to refusing treatment were discussed with the patient.
- The informed consent should be witnessed by a hospital employee age 18 or older or a physician who can attest that the patient has been given the opportunity to read the form, does not have any questions, and has freely signed the informed consent form.
- The hospital employee or physician witnesses the patient's signature and signs her/his name. The patient's relative or friend cannot serve as a witness.
- If the patient cannot read, consent will be read to her/him. Interpreters will translate for non-English speaking patients and sign their name as the witness. If an interpreter is not readily available in person, one can be reached 24 hours a day through the telephone operator.
- In a situation where the treatment or procedure has been changed or altered, or the patient has not given consent, or the consent form cannot be found and the patient has been pre-medicated:
 - The physician who explained the procedure to the patient must be contacted
 - The physician will make an entry in the patient's medical record that the patient has been informed and gives consent.

Who Can Sign the Consent Form?

- The patient if she/he is an adult whom the physician assesses as capable of making decisions.
- The patient if she/he is a minor and emancipated. The minor can sign consent for medical services and no other consent is required for treatment of the minor or the minor's child.
- A parent with legal custody or a legal guardian authorized by a court order appointing the guardian if the patient is a minor and is not emancipated.
- The legal guardian authorized by court order if the patient has been adjudicated legally incompetent.
- If the patient is unable to give consent, and has completed a healthcare directive appointing a proxy.
- Surrogate's substituted judgment: 1) spouse, 2) a parent of an adult patient, 3) an adult child of a patient, 4) an adult sibling, 5) a close friend or partner of the patient.

Emergency Consent

Emergency medical treatment may be given without obtaining consent. The reasons for medical treatment should be documented in the physician's narrative note in the medical record. If the health care provider is aware of the existence of advanced directives, the wishes of the patient should be followed.

Facsimile Consent

The informed consent form may be delivered by facsimile provided that the person signing the consent has had the informed consent conversation with the physician or healthcare provider who will perform the recommended procedure or treatment.

Telephone Consent

The physician or healthcare provider will explain the treatment or procedure. At least one witness will identify her/himself; record her/his name, and record the name of the person giving consent and the person's relationship to the patient.

References

JCAHO RI 1.2.1

American College of Radiology Practice Guideline on Informed Consent for Image-Guided Procedures, Effective 10/01/2006, pages 609, 612. (www.acr.org)

Davies L, Laasch HU, Wilbraham L, et al. The consent process in interventional radiology: the role of specialist nurses. *Clin Radiol* 2004;59:246-252.

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