

## Informed consent for NICU admission



I.P.D. No.:

I, [Redacted] Son/Daughter/Wife of [Redacted]  
Age [Redacted] years, fully, unreservedly in front of below mentioned & undersigned witness,  
through this written authorization here by give my full & free consent to admit my  
baby [Redacted] in neonatal intensive care unit (NICU) and perform operation/  
ventilation/surgical procedures/ diagnostic/ therapeutic/ medical treatment in form of \_\_\_\_\_ and such  
additional operation or procedures as are considered therapeutically necessary during the course of this  
treatment at my own considered risk to Dr. [Redacted] at  
above hospital in whom (Both Doctor & Hospital) I have full faith and trust without extraneous  
pressure of any kind.

2. The doctor has well explained to me following information in my familiar language Hindi/ English/ Punjabi,  
which I have fully understood before consenting for above said admission to NICU.

3. That my baby is premature 38 weeks. His/ her weight is 2600 grams, which is quite  
low in comparison with normal birth weight of 2500-3000 grams.
4. That my baby requires admission to neonatal intensive care unit. I have seen NICU and met NICU staff. I  
am comfortable in keeping my baby into incubator/ radiant warmer.
5. I have been explained about the likely prognosis of my baby. I am aware that at 38 weeks of  
gestation and 2600 grams of weight the survival chances are 95 % with best of efforts.
6. The following acute problems, which are likely to appear in NICU and their probable treatment has been  
explained to me:

- a. Respiratory distress syndrome and need for surfactant therapy and ventilation.
- b. Intraventricular hemorrhage and need for blood transfusion and ventilation.
- c. Feed intolerance, Necrotizing Enterocolitis and need for Total Parenteral Nutrition and abdominal  
surgery.

d. Hypoglycemia and need for IV fluid therapy.

e. Neonatal Jaundice and need for phototherapy and double volume exchange transfusion.

f. Infection and Septicemia and need for IV antibiotics.

g. Acute Renal Failure, Patent Ductus Arteriosus, Seizures, Hypocalcemia and Arrhythmias.

7. I have been explained about the possible risks, consequences, unwanted & unexpected side effects or  
complications during and after said procedures and medical treatment, some of which are as follows:

- a. Extravasation injury related to IV fluid extravasations.
- b. Infection related to IV fluid, ventilation, NICU stay and multiple procedures,  
which this baby requires.

c. Pneumothorax related to ventilation,

d. Any unexpected complication related to acute, unexpected malfunction of life saving equipment.

8. I have been explained in detail about the long term prognosis and possibilities of some of adverse  
outcomes. I have also been explained, that these adverse outcomes can't be predicted most of the times  
during present hospital stay and requires multiple long term evaluations. Some of these are as follows:

a. Spasticity, hypertonicity, low IQ and hyperkinetic behavior.

b. Retinopathy of prematurity, squint and impaired vision.

c. Hearing and speech disorders.

9. The doctor has explained me and the same things are also known to me, that any drug whether used in  
the form of oral/ injection/ infusion, that will be given to my baby before/ during/ after procedure/ medical



10. No guarantee or assurance has been provided to me/ us about result of said surgical/ medical treatment and about further prognosis by the doctor/ consultant to me/ us.
11. My/ our questions have been answered to my/ our satisfaction prior to signing this form by the doctor/ consultant concerned.
12. Any tissue/ parts surgically removed may be disposed of by Nursing Home/ Medical centre in accordance with accustomed practice or according to direction of doctor in charge.
13. About all infrastructures/ instrumentations available and not available in the Nursing Home which are necessary to deal with any emergent health situation as necessary in my baby's case.
14. I/we further authorize Dr. B. P. TAYLOR for employing to/ take help from Dr. \_\_\_\_\_ or any other doctor, he/ she may designate as his/ her assistant or associate or his/ her help to conduct aforesaid line of treatment/ operative procedure.
15. I/ We have no reason to believe that aforesaid doctor and his associate act negligently, without due care and precautions before said operation/ surgical procedure/ medical treatment/ etc. and will further not act diligently and in benefit of health & life of my baby, so I hereby declare that I shall indemnify and not hold the doctor, his associates, assistant, anesthetics or other hospital staff responsible for untoward incident, unwanted side effect, complication and accident, if as the result of above said treatment or anesthesia or other requisite medications it occurs unfortunately.
16. I/ We \_\_\_\_\_ further agree to remit the charges of all hospitalization and treatment including consultation fees, surgeons fees, boarding, lodging, nursing, investigation, medical and surgical procedures etc. according to hospital norms and terms, conditions & schedule (which have already been explained to me prior to taking admission) before leaving hospital/ nursing home.

Witness (Disinterested third party)

Deponent/ Consent

Signature \_\_\_\_\_

Name & add \_\_\_\_\_

Signature \_\_\_\_\_

Name & add \_\_\_\_\_

Age 13

Relationship with patient \_\_\_\_\_

Date: 21/10/19 Time: 3:45 (AM/PM) (PM)

Signature B. P. TAYLOR

Name B. P. TAYLOR

(Consultant Doctor)

Signature [Signature]

Name \_\_\_\_\_

(Attending Doctor)

Signature \_\_\_\_\_

Name \_\_\_\_\_

(Nurse in charge)

18) Consent for Discharge: I am taking my baby and his/ her belongings safely after discharge. All medical records/ documents have been received by me.

Name \_\_\_\_\_

Signature \_\_\_\_\_



# Informed consent for NICU admission

I.D. No. \_\_\_\_\_

I, \_\_\_\_\_ (Son/Daughter/Wife of \_\_\_\_\_)  
Age \_\_\_\_\_ in my full senses, will fully, unreservedly in front of below mentioned disinterested witness,  
through \_\_\_\_\_ authorization here by give my full & free consent to admit my  
baby \_\_\_\_\_ in neonatal intensive care unit (NICU) and perform operation/  
ventilation/ surgical procedures/ diagnostic/ therapeutic/ medical treatment in form of \_\_\_\_\_ and such  
additional operation or procedures as are considered therapeutically necessary during the course of this  
treatment at my own considered risk to Dr. Dr. JAYLAXMI of  
above hospital in whom (Both Doctor & Hospital) I have implicit full faith and trust without extraneous  
pressure of any kind.

2. The doctor has well explained to me following information in my familiar language Hindi/ English/ Punjabi,  
which I have fully understood before consenting for above said admission to NICU.

3. That my baby is premature 35 weeks. His/ her weight is 2620 grams, which is quite  
low in comparison with normal birth weight of 2500-3000 grams.

4. That my baby requires admission to neonatal intensive care unit. I have seen NICU and met NICU staff. I  
am comfortable in keeping my baby into incubator/ radiant warmer.

5. I have been explained about the likely prognosis of my baby. I am aware that at 38 weeks of  
gestation and 2620 grams of weight the survival chances are 90-95 % with best of efforts.

6. The following acute problems, which are likely to appear in NICU and their probable treatment has been  
explained to me:

a. Respiratory distress syndrome and need for surfactant therapy and ventilation.

b. Intraventricular hemorrhage and need for blood transfusion and ventilation.

c. Feed intolerance, Necrotizing Enterocolitis and need for Total Parenteral Nutrition and abdominal  
surgery.

d. Hypoglycemia and need for IV fluid therapy.

e. Neonatal Jaundice and need for phototherapy and double volume exchange transfusion.

f. Infection and Septicemia and need for IV antibiotics.

g. Acute Renal Failure, Patent Ductus Arteriosus, Seizures, Hypocalcemia and Arrhythmias.

7. I have been explained about the possible risks, consequences, unwanted & unexpected side effects or  
complications during and after said procedures and medical treatment, some of which are as follows:

a. Extravasation injury related to IV fluid extravasations.

b. Infection related to IV fluid, ventilation, NICU stay and multiple procedures,  
which this baby requires.

c. Pneumothorax related to ventilation.

d. Any unexpected complication related to acute, unexpected malfunction of life saving equipment.

8. I have been explained in detail about the long term prognosis and possibilities of some of adverse  
outcomes. I have also been explained, that these adverse outcomes can't be predicted most of the times  
during present hospital stay and requires multiple long term evaluations. Some of these are as follows:

a. Spasticity, hypertonicity, low IQ and hyperkinetic behavior

b. Retinopathy of prematurity, squint and impaired vision

c. Hearing and speech disorders.

9. The doctor has explained me and the same things are also known to me, that any drug whether used in  
the form of oral/ injection/ infusion, that will be given to my baby before/ during/ after procedure/ medical



10. No guarantee or assurance has been provided to me/ us about result of said surgical/ medical treatment and about further prognosis by the doctor/ consultant to me/ us.
11. My/ our questions have been answered to my/ our satisfaction prior to signing this form by the doctor/ consultant concerned.
12. Any tissue/ parts surgically removed may be disposed of by Nursing Home/ Medical centre in accordance with accustomed practice or according to direction of doctor in-charge.
13. About all infrastructures/ instrumentations available and not available in the Nursing Home which are necessary to deal with any emergent health situation as necessary in my baby's case.
14. I/we further authorize Dr. B. P. JAYLAKHME for employing to/ take help from Dr. \_\_\_\_\_ or any other doctor, he/ she may designate as his/ her assistant or associate or his/ her help to conduct aforesaid line of treatment/ operative procedure.
15. I/ We have no reason to believe that aforesaid doctor and his associate act negligently, without due care and precautions before said operation/ surgical procedure/ medical treatment/ etc. and will further not act diligently and in benefit of health & life of my baby, so I hereby declare that I shall indemnify and not hold the doctor, his associates, assistant, anesthetics or other hospital staff responsible for untoward incident, unwanted side effect, complication and accident, if as the result of above said treatment or anesthesia or other requisite medications it occurs unfortunately.
16. I/ We \_\_\_\_\_ further agree to remit the charges of all hospitalization and treatment including consultation fees, surgeons fees, boarding, lodging, nursing, investigation, medical and surgical procedures etc. according to hospital norms and terms, conditions & schedule (which have already been explained to me prior to taking admission) before leaving hospital/ nursing home.

Witness (Disinterested third party)

Signature

Name

Phone No.

Opponent/ Consent

Signature

Name & Address

Relationship

Date: 16/09/19 Time: 7:40 (AM/PM)

Signature B. P. Jaylakshme  
Name \_\_\_\_\_  
(Consultant Doctor)

Signature [Signature]  
Name \_\_\_\_\_  
(Attending Doctor)

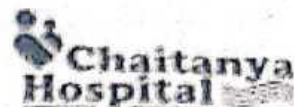
Signature \_\_\_\_\_  
Name \_\_\_\_\_  
(Nurse Incharge)

- 18) Consent for Discharge: I am taking my baby and his/ her belongings safely after discharge.  
All medical records/ documents have been received by me.

Name \_\_\_\_\_ Signature \_\_\_\_\_



# Informed consent for NICU admission



L.P.D. No. ....

I, [Redacted] Daughter/Wife [Redacted]

do hereby in my full senses, will fully, unreservedly in front of below mentioned disinterested witnesses, authorize [Redacted] to give my full & free consent to admit my baby [Redacted] in neonatal intensive care unit (NICU) and perform operation/ventilation/ surgical procedures/ diagnostic/ therapeutic/ medical treatment in form of [Redacted] and such additional operation or procedures as are considered therapeutically necessary during the course of this treatment at my own considered risk to Dr. BJAYLAXMI at above hospital in whom (Both Doctor & Hospital) I have implicit full faith and trust without extraneous pressure of any kind.

2. The doctor has well explained to me following information in my familiar language Hindi/ English/ Punjabi, which I have fully understood before consenting for above said admission to NICU.

3. That my baby is premature 37 weeks. His/ her weight is 2600 grams, which is quite low in comparison with normal birth weight of 2500-3000 grams.

4. That my baby requires admission to neonatal intensive care unit. I have seen NICU and met NICU staff. I am comfortable in keeping my baby into incubator/ radiant warmer.

5. I have been explained about the likely prognosis of my baby. I am aware that at 37 weeks of gestation and 2600 grams of weight the survival chances are 90-95% with best of efforts.

6. The following acute problems, which are likely to appear in NICU and their probable treatment has been explained to me:

- Respiratory distress syndrome and need for surfactant therapy and ventilation.
- Intraventricular hemorrhage and need for blood transfusion and ventilation.
- Feed intolerance, Necrotizing Enterocolitis and need for Total Parenteral Nutrition and abdominal surgery.
- Hypoglycemia and need for IV fluid therapy.
- Neonatal Jaundice and need for phototherapy and double volume exchange transfusion.
- Infection and Septicemia and need for IV antibiotics.
- Acute Renal Failure, Patent Ductus Arteriosus, Seizures, Hypocalcemia and Arrhythmias.

7. I have been explained about the possible risks, consequences, unwanted & unexpected side effects or complications during and after said procedures and medical treatment, some of which are as follows:

- Extravasation injury related to IV fluid extravasations.
- Infection related to IV fluid, ventilation, NICU stay and multiple procedures, which this baby requires.
- Pneumothorax related to ventilation.
- Any unexpected complication related to acute, unexpected malfunction of life saving equipment.

8. I have been explained in detail about the long term prognosis and possibilities of some of adverse outcomes. I have also been explained, that these adverse outcomes can't be predicted most of the times during present hospital stay and requires multiple long term evaluations. Some of these are as follows:

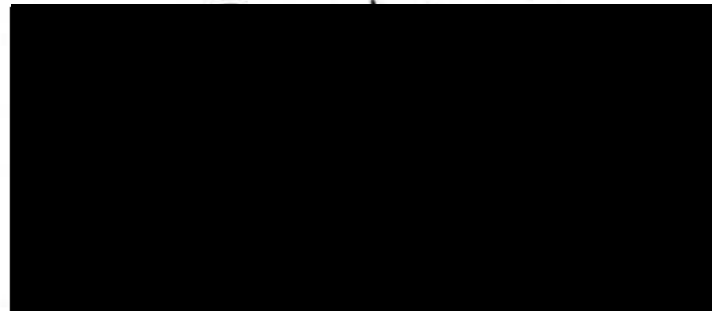
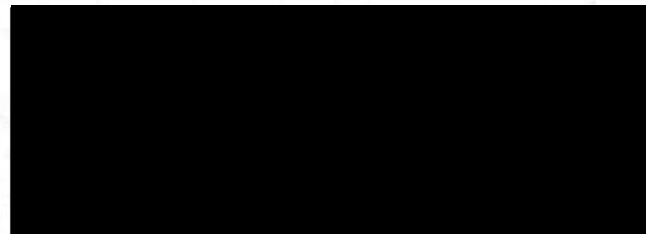
- Spasticity, hypertonicity, low IQ and hyperkinetic behavior
- Retinopathy of prematurity, squint and impaired vision
- Hearing and speech disorders.

9. The doctor has explained me and the same things are also known to me, that any drug whether used in the form of oral/ injection/ infusion, that will be given to my baby before/ during/ after procedure/ medical



10. No guarantee or assurance has been provided to me/ us about result of said surgical/ medical treatment and about further prognosis by the doctor/ consultant to me/ us.
11. My/ our questions have been answered to my/ our satisfaction prior to signing this form by the doctor/ consultant concerned.
12. Any tissue/ parts surgically removed may be disposed of by Nursing Home/ Medical centre in accordance with accustomed practice or according to direction of doctor in-charge.
13. About all infrastructures/ instrumentations available and not available in the Nursing Home which are necessary to deal with any emergent health situation as necessary in my baby's case.
14. I/we further authorize Dr. Dr. J. J. Y. P. Y. M. L. for employing to/ take help from Dr. \_\_\_\_\_ or any other doctor, he/ she may designate as his/ her assistant or associate or his/ her help to conduct aforesaid line of treatment/ operative procedure.
15. I/ We have no reason to believe that aforesaid doctor and his associate act negligently, without due care and precautions before said operation/ surgical procedure/ medical treatment/ etc. and will further not act diligently and in benefit of health & life of my baby, so I hereby declare that I shall indemnify and not hold the doctor, his associates, assistant, anesthetics or other hospital staff responsible for untoward incident, unwanted side effect, complication and accident, if as the result of above said treatment or anesthesia or other requisite medications it occurs unfortunately.
16. I/ We \_\_\_\_\_ further agree to remit the charges of all hospitalization and treatment including consultation fees, surgeons fees, boarding, lodging, nursing, investigation, medical and surgical procedures etc. according to hospital norms and terms, conditions & schedule (which have already been explained to me prior to taking admission) before leaving hospital/ nursing home.

Witness (Disinterested third party)



Date: 25/10/19 Time: 7:09 (AM/PM)

Signature Rajayanni  
Name Rajayanni Belm  
(Consultant Doctor)

Signature Srinu  
Name Srinu  
(Attending Doctor)

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
(Nurse Incharge)

18) Consent for Discharge: I am taking my baby and his/ her belongings safely after discharge.  
All medical records/ documents have been received by me.