UT Southwestern
Medical Center

[redacted]

DISCLOSURE AND CONSENT
Medical and Surgical Procedures
Liver Transplant

TO THE PATIENT: *You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.*

I voluntarily request [redacted] _____ (name and credentials) as my physician or health care provider, and such associates, technical assistants (including non-employees providing technical assistance with medical devices), and other health care providers as they may deem necessary, to treat my condition which has been explained to me as: _____
Acute liver failure from emergent hepatectomy due to hepatic rupture

I understand that the following surgical, medical, and/or diagnostic procedures are planned for me, and I voluntarily consent and authorize these procedures: Liver Transplant

I understand that my physician may discover other or different conditions which require additional or different procedures than those planned. I authorize my physician or health care provider, and such associates, technical assistants and other health care providers to perform such other procedures which are advisable in their professional judgment.

Initial next to the appropriate statement:

BLOOD PRODUCTS TRANSFUSION

I do___ do not___ (initials) consent to the transfusion of blood, blood components, and derivatives as deemed necessary. I understand that consent to transfusion therapy applies to this operation, for any transfusion therapy I may need during the remainder of this hospital stay or for the duration of the current course of treatment. I understand that the following risks and hazards may occur in connection with the use of blood and blood products:

1. Serious infection including but not limited to Hepatitis and HIV which can lead to organ damage and permanent impairment.
2. Transfusion related injury resulting in impairment of lungs, heart, liver, kidneys, and immune system.
3. Severe allergic reaction, including hives and itching, potentially fatal.
4. Fever, sometimes accompanied by chills.
5. Breathing difficulties, including but not limited to shortness of breath and chest pain, which may result in the need for oxygen and/or ventilator support.

HUMAN TISSUE DONATION

I do___ do not___ (initials) agree to donate any human tissue or parts which may be removed during the course of the operation(s) or procedure(s) to UT Southwestern Medical Center for educational purposes.

I understand that any tissue or parts which are not authorized for educational purposes will be disposed of by hospital authorities.

I understand that no warranty or guarantee has been made to me as to result or cure.

Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for me. I realize that common to surgical, medical, and/or diagnostic procedures is the potential for infection, blood clots in veins and lungs, hemorrhage, allergic reactions, and even death. I also realize that the following risks and hazards may occur in connection with this particular procedure:

1. Renal failure
2. Respiratory failure
3. Bleeding
4. Infection
5. Complications related to immunosuppression
6. A delay in the function of the transplanted liver
7. The possibility that the transplanted liver will not function
8. Hepatic artery thrombosis (a clot that develops in the major blood vessel going to your liver)
9. Bile leaks
10. Biliary complications
11. Recurrence of your original disease after transplant
12. Death

I understand that Fellows, Residents, Physician Assistants, and Nurse Practitioners acting under the supervision of my primary surgeon practitioner may participate in and/or perform portions of the surgical procedure/task

[redacted]

FORM # 7040-004 (11/07) (Rev. 05/16) Original – Health Information Management Department

[redacted]

UT Southwestern
Medical Center

DISCLOSURE AND CONSENT
Medical and Surgical Procedures
Liver Transplant

Check the following if applicable:

☐ For laparoscopic/thoracoscopic surgery, the following shall be in addition to the risks and hazards of the same surgery when done as an open procedure: Damage to adjacent structures; Abscess and infection complications; Trocar site complications (e.g., hematoma/bleeding, leakage of fluid, or hernia formation); Conversion of the procedure to an open procedure; Post-operative pneumothorax; Subcutaneous emphysema, and; Cardiac dysfunction.

☐ For the use of a power morcellator during laparoscopic surgery, the following shall be in addition to risks and hazards of the same surgery: If cancer is present, the use of a power morcellator may increase the risk of the spread of cancer, as well as increased risk of damage to adjacent structures.

☐ For procedures involving interventional fluoroscopy, the following shall be in addition to the risks and hazards of the surgery: Radiation induced skin injury (such as epilation (hair loss), burns, or ulcers); Other mild to moderate skin irritations, and; Cataracts (for procedures in the region of the head).

I am receiving a standard allocation organ: (circle) (Yes) No
I am receiving an extended criteria donor organ: Yes (No)
If yes, I understand that this organ is considered an extended criteria organ because: _____

PHS High Risk Donor
I am receiving a PHS high risk donor organ: (Yes) No
If yes, specify the PHS issues: Dail time and hemodilution
The donor has a history of hepatitis C: Yes (No)
The donor is an inactive carrier of hepatitis B: Yes (No)
The donor liver contains some fat (steatosis): Yes (No)
The donor liver is from an older age group: Yes (No)
If yes, specify the age of donor liver: _____
I am receiving a split liver: Yes (No)
I am receiving a donor after cardiac death (DCD) organ: Yes (No)
Other reasons: _____

My surgeon has explained the risks and benefits of using an extended criteria donor organ, and I consent to the implantation of this organ into my body. In addition to the usual risks of liver transplantation, the use of an extended criteria donor organ may add additional risks, such as primary graft non-function, delayed graft function, hepatic artery thrombosis, biliary complications, or death.

General Donor Risks

By signing this consent, I understand potential donors go through a rigorous screening process to ensure that their organs are appropriate to be transplanted. Despite the process, donors are representative of the general public and may have risk factors that potentially could affect your long-term health, including, but not limited to, the donor's history, age, or their potential risk of contracting the HIV virus and other infectious diseases, including risk of cancer, that cannot yet be detected. Potential donors will no longer be routinely tested for HTLV.

I understand that photographs, videotapes, digital or other images of me/my treatment may be taken and used for treatment and internal organizational purposes. Such organizational purposes include, but are not limited to, performance improvement activities and internal education. Images that identify me will be released and/or used outside the institution only upon written authorization from me or my legal representative.

I understand the potential benefits, risks, or side effects, including potential problems that might occur during recuperation, reasonable alternatives, and the likelihood of achieving goals.

I have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, risks of refusing transfusion, the procedures to be used, and the risks and hazards involved, and I believe that I have sufficient information to give this informed consent.

I certify that this form has been fully explained to me, that I have read it or have had it read to me, that the blank spaces have been filled in, and that I understand its contents.

[redacted] 7:24am 3.28.17
Signature of Patient/Responsible Party (Relationship to Patient) Time AM/PM Date

[redacted] 0725 03/28/17
Time AM/PM Date

0725 3-28-17
Signature of Provider Obtaining Informed Consent Time AM/PM Date

Signature of Interpreter/Provider Using Telephone Translation Services Time AM/PM Date

Note: Two witnesses are required if patient signs with "X" or is unable to sign. State Reason: _____

FORM # 7040-004 (11/07) (Rev. 09/16) Original – Health Information Management Department

UT Southwestern
Medical Center

[redacted]

Universal Consent Form For
Intensive Care Unit (ICU)

Location of procedure:

☒ William P. Clements Jr. University Hospital ☐ Outpatient Surgery Center
☐ Zale Lipshy University Hospital ☐ Outpatient Clinic _____(clinic name)

TO THE PATIENT: *You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent for the procedure.*

I voluntarily request ____ [redacted] _____ (name and credentials) as my attending physician or health care provider, and such [redacted] associates, advanced practice providers, nurses, technical assistants (including non-employees providing technical assistance with medical devices), and other health care providers as they may deem necessary, to treat my condition which has been explained to me as: liver failure

I understand that the following surgical, medical, and/or diagnostic procedures are planned for me, and I voluntarily consent and authorize these procedures: ☒ Central Venous Catheter Insertion ☒ Pulmonary Artery Catheter Insertion ☒ Peripherally Inserted Central Catheter (PICC) Insertion ☒ Arterial Catheter Insertion ☒ Chest Tube Insertion ☒ Thoracentesis ☒ Paracentesis ☒ Fiberoptic Bronchoscopy ☒ Lumbar Puncture ☒ Blood Transfusion

I understand that my physician may discover other or different conditions which require additional or different procedures than those planned. I authorize my physician or health care provider, and such associates, technical assistants and other health care providers to perform such other procedures which are advisable in their professional judgment.

Initial next to the appropriate statement:

I do__ do not__ consent to the transfusion of blood and blood components as deemed necessary. I understand that consent to transfusion therapy applies to this operation, for any transfusion therapy I may need during the remainder of this hospital stay or for the duration of the current course of treatment. I understand that the following risks and hazards may occur in connection with the use of blood and blood products:

1. Serious infection, including, but not limited, to Hepatitis and HIV which can lead to organ damage and permanent impairment.
2. Transfusion related injury resulting in impairment of lungs, heart, liver, kidneys, and immune system.
3. Severe allergic reaction, including hives and itching, potentially fatal.
4. Fever, sometimes accompanied by chills.
5. Breathing difficulties, including, but not limited, to shortness of breath and chest pain, which may result in the need for oxygen and/or ventilator support.

I do____ do not__ agree to donate any human tissue or parts which may be removed during the course of the operation(s) or procedure(s) to UT Southwestern Medical Center for educational purposes.

I understand that any tissue or parts which are not authorized by me to be used for educational purposes will be disposed of by hospital authorities.

I understand that no warranty or guarantee has been made to me as to result or cure.

Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for me. I realize that common to surgical, medical, and/or diagnostic procedures is the potential for infection, blood clots in veins and lungs, hemorrhage, allergic reactions, and even death. I also realize that the following risks and hazards may occur in connection with this particular procedure:

Check planned surgical, medical, and/or diagnostic procedure(s) and have the patient/other legally responsible person initial.

____ ☒ **Central Venous Catheter Insertion** involves the placement of a long thin catheter into a large vein, usually in the chest (below the clavicle), the neck, or the groin. This intravenous (IV) catheter allows us to give nourishment, fluids, blood and medications through larger central veins, which may make administration faster and less irritating to the patient. The catheter allows measurement of central venous pressure, which may be helpful in making treatment decisions. Blood samples can be drawn from this catheter. The risks include: bleeding and/or accidental puncture of an artery, vein, or lung during catheter insertion. If the lung is punctured during insertion, chest tube placement may be required to reinflate the lung. If an artery or vein is punctured, severe bleeding can occur, which may requires a blood transfusion, surgical repair,

[redacted]

Original – Health Information Management Department
FORM # 6300-019 (12/16)

or may rarely cause death. A blood clot around the catheter, pulmonary embolism (movement of a clot into the lungs), pneumothorax (collapsed lung), injury to blood vessel, hemothorax/hemomediastinum (bleeding into the chest around the lungs or the heart), vessel thrombosis (clotting of blood vessels), air embolism (passage of air into blood vessel and possibly to the heart and/or blood vessels entering the lungs), catheter shearing/breakage and/or embolism, catheter occlusion, or heart rhythm irregularities may occur. Pain during insertion may occur despite use of analgesics/sedative medications. The catheter may need to be replaced or repositioned if it unexpectedly moves out of its recommended position, fails to function, or if the patient develops fever. Any catheter in the body has a risk of allowing infection to enter the body.

[X] **Pulmonary Artery Catheter Insertion** involves the placement of a long thin catheter into a large vein, usually in the chest (below the clavicle) the neck, or in the groin. The catheter passes through the right side of the heart into an artery in the lung. It provides information about heart function, fluid balance, and oxygen delivery. It can be used to provide nourishment, fluids, blood, and medication. The risks include: bleeding and/or accidental puncture of an artery, vein or lung during catheter insertion. If the lung is punctured during insertion, chest tube placement may be required to reinflate the lung. If an artery or vein is punctured, severe bleeding can occur, which may require a blood transfusion, surgical repair, or may rarely cause death. While threading this catheter through the heart, heart rhythm irregularities, injury to the heart or pulmonary structures/vessels, or massive bleeding may occur and may result in death. Irregular heart rhythms are usually easily resolved by pulling the catheter back; however, some patients may require cardiopulmonary resuscitation (CPR), emergency medications, electrical cardiac shock (defibrillation), cardiac pacing, or surgery to repair any injured structures. A blood clot around the catheter, pulmonary embolism (movement of a clot into the lungs), pneumothorax (collapsed lung), injury to blood vessels, hemothorax/hemomediastinum (bleeding into the chest around the lungs or the heart), vessel thrombus (clotting of blood vessels), air embolism (passage of air into blood vessel and possibly to the heart and/or blood vessels entering the lungs), catheter shearing/breakage and/or embolism, or catheter occlusion may occur. Pain during insertion may occur despite use of analgesics/sedative medications. The catheter may need to be replaced or repositioned if it unexpectedly moves out of its recommended position, fails to function, or if the patient develops fever. Any catheter in the body has a risk of allowing infection to enter the body.

[X] **Peripherally Inserted Central Catheter (PICC) Insertion** involves the placement of a long thin catheter in the arm and threaded into one of the major veins. It can be used to provide nourishment, fluids, blood, and medications through larger central veins, which may make administration faster and less irritating to the patient. The catheter may also be used to obtain blood samples, and can be safely maintained for weeks at a time, and may have potentially lower infection rates compared to a central venous catheter. The risks include: bleeding, vein irritation, or nerve damage. A blood clot around the catheter, pulmonary embolism (movement of a clot into the lungs), air embolism, catheter shearing/breakage and/or embolism, catheter occlusion, or heart rhythm irregularities may occur. Pain during insertion may occur despite use of analgesic/sedative medications, pneumothorax (collapsed lung), injury to blood vessels, hemothorax/hemomediastinum (bleeding into the chest around the lungs or the heart), or vessel thrombus (clotting of blood vessels). The catheter may need to be replaced or repositioned if it unexpectedly moves out of its recommended position, fails to function, or if the patient develops fever. Any catheter in the body has a risk of allowing infection to enter the body.

[X] **Arterial Catheter Insertion** involves the placement of a thin catheter into one of the arteries, usually in the wrist, foot, groin, or upper arm. The catheter may be used to continuously measure blood pressure and to obtain arterial blood for laboratory testing. It also allows us to obtain blood without repeated needle sticks, thus, reducing pain. The risks include: bleeding from the artery, injury to nerve/vessel or other surrounding structure, or bruising at the insertion site. Injury to a vessel may require surgical repair or very rarely can cause loss of the affected limb. Pain during insertion may occur despite use of analgesic/sedative medications. Pneumothorax (collapsed lung), injury to blood vessels, hemothorax/hemomediastinum (bleeding into the chest around the lungs or the heart), air embolism (passage of air into blood vessel and possibly to the heart and/or blood vessels entering the lungs), or vessel thrombus (clotting of blood vessels). This procedure may need to be repeated if the patient remains in the ICU for an extended period of time, if the catheter fails to function or the patient develops a fever. Any catheter in the body has a risk of allowing infection to enter the body.

UT Southwestern
Medical Center

[redacted]

Universal Consent Form For
Intensive Care Unit (ICU)

[X] **Chest Tube Insertion** Involves the placement of a plastic tube into the chest cavity to correct a collapsed lung by removing air, blood, or fluid. A chest tube may also be placed to drain fluid or blood from around the lung. An anesthetic is used to minimize pain upon insertion. The tube is inserted through a small incision in the chest wall and is attached to a drainage/suction system. The lung should re-expand once air, blood, or fluid is removed allowing for improved breathing. The risks included: hemothorax (blood in the chest around the lung), abscess (infected fluid collection) in chest, pneumothorax (collapsed lung), need for additional surgery. Risks during insertion include bleeding, or injury of surrounding structures (tissue, vessels, nerves, or organs). The chest tube may require repositioning or replacement if it is not positioned or functioning adequately. Pain during insertion may occur despite use of analgesic/sedative medications. Any foreign object in the body has a risk of allowing infection to enter the body.

[X] **Thoracentesis** (Needle Guided Drainage of Chest Cavity) involves the placements of a needle into the chest cavity through the chest wall to remove fluid from around the lung. Ultrasound may be used to guide needle placement, but may not be necessary if there is a lot of fluid around the lung. It is performed to relieve shortness of breath from fluid build-up around the lung or to evaluate the fluid for infection or disease. Removal of fluid from around the lung allows the lung to re-expand and function more effectively. The risks include: shortness of breath, coughing or chest discomfort, bleeding, lung collapse requiring a chest tube, injury to nearby structures (tissue, vessels, nerves, or organs), or decrease in oxygen levels. Pain may occur despite use of analgesic/sedative medications. Any procedure involving insertion of a needle into the body has a risk of allowing infection to enter the body.

[X] **Paracentesis** (Needle Guided Drainage of the Abdominal Cavity) involves the placement of a needle into the abdominal cavity to remove excess fluid. It is performed to relieve shortness of breath from fluid build-up in the abdomen or to evaluate the abdominal fluid for infection or disease. The risks include: abdominal fluid leakage from the insertion site and abdominal wall bruising. Rare complications include bleeding, injury to vessels, tissues, and abdominal organs which are usually minimal and self-limiting, but in rare cases an operation may be required to repair the injury. Pain may occur despite use of analgesic/sedative medications. Any procedure involving insertion of a needle into the body has a risk of allowing infection to enter the body.

[X] **Fiberoptic Bronchoscopy** involves placement of a tube with an attached camera through an endotracheal tube (breathing tube) into the trachea (windpipe) and bronchial tubes (lung airway) in order to evaluate the airways. It can also be used to remove secretions from the airways to improve breathing. Specimens can be obtained for culture, or a biopsy of the lung may be performed to diagnose a respiratory problem. Analgesia/sedation is provided during the procedure to prevent discomfort/coughing. The risks may include: trauma to the lung airway resulting in minor bleeding. Oxygen levels may decrease and/or shortness of breath may occur while the bronchoscope is in place, but we monitor for this and treat as appropriate. A biopsy may cause minor bleeding, but rarely can be severe and life threatening. A lung biopsy may cause the lung to collapse and require placement of a chest tube. Pain/ discomfort may occur despite use of analgesic/sedative medications.

[X] **Lumbar Puncture** involves placement of a needle through the lower back into the spinal canal to obtain spinal fluid to evaluate for the presence of a central nervous system infection (i.e., meningitis), suspected spontaneous subarachnoid (brain) hemorrhage with a negative CT scan of the brain, or central nervous system inflammatory conditions. Removing or obtaining spinal fluid may aid in the diagnosis of brain abnormalities, brain infection, and relieve headache related to elevated brain pressures. The risks include: headache, bleeding, backache, nerve injury, intermittent leg/foot pain, numbness, or weakness. A rare but fatal complication includes brain herniation (a downward displacement of brain tissue which compresses the brainstem resulting in brain death). Pain may occur despite use of analgesic/sedative medications. Any procedure involving insertion of a needle into the body has a risk of allowing infection to enter the body.

I understand that Fellows, Residents, and Advanced Practice Providers acting under the supervision of my primary provider may perform portions of the surgical procedure/task.

UT Southwestern
Medical Center

[redacted]

Universal Consent Form For
Intensive Care Unit (ICU)

Check the following if applicable:

☒ I understand that UT Southwestern is a teaching hospital and that physicians in approved training programs (trainees), all of whom are under the direct supervision of my attending physician, may perform important tasks related to the recommended surgical, medical and/or diagnostic procedure. My attending physician will be present for all the critical or key portions of the surgical, medical and/or diagnostic procedure. My attending physician may become involved in another procedure when all critical or key portions of the recommended surgical, medical and/or diagnostic procedures have been completed. During non-critical or non-key portions of the recommended surgical, medical and/or diagnostic procedure, my attending physician will be immediately available or will designate a qualified provider to assume responsibility for the delegated non-critical or non-key portions of the recommended surgical, medical and/or diagnostic procedure.

☐ For **laparoscopic/thorascopic surgery**, the following shall be in addition to the risks and hazards of the same surgery when done as an open procedure: damage to adjacent structures; abscess and infection complications; trocar site complications (e.g., hematoma/bleeding, leakage of fluid, or hernia formation); conversion of the procedure to an open procedure, post-operative pneumothorax, subcutaneous emphysema, and cardiac dysfunction.

☐ For **the use of a power morcellator during laparoscopic surgery**, the following shall be in addition to risks and hazards of the same surgery: if cancer is present, may increase the risk of the spread of cancer, and increased risk of damage to adjacent structures.

☐ For procedures involving **interventional fluoroscopy**, the following shall be in addition to the risks and hazards of the surgery: radiation induced skin injury (such as epilation (hair loss), burns, or ulcers); and other mild-to-moderate skin irritations and cataracts (for procedures in the region of the head).

I understand that photographs, videotapes, digital or other images of me/my treatment may be taken and used for treatment and internal organizational purposes. Such organizational purposes include, but are not limited to, performance improvement activities and internal education. Images that identify me will be released and/or used outside the institution only upon written authorization from me or my legal representative.

I understand the potential benefits, risks, or side effects, including potential problems that might occur during recuperation, reasonable alternatives, and the likelihood of achieving goals.

I have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, risks of refusing transfusion, the procedures to be used, and the risks and hazards involved, and I believe that I have sufficient information to give this informed consent.

I certify that this form has been fully explained to me, that I have read it or have had it read to me, that the blank spaces have been filled in, and that I understand its contents.

[redacted] — 9:19 am (Time AM/PM) — 8.27.17 (Date)

X — Witness Signature / Printed Name of Witness — 9:19 (Time AM/PM) — 8/27/17 (Date)

Witness Address:

☒ William P. Clements Jr. University Hospital 6201 Harry Hines Blvd, Dallas TX 75390

☐ Zale Lipshy University Hospital 5151 Harry Hines Blvd, Dallas TX 75390

☐ Outpatient Surgery Center 1801 Inwood Rd. 2nd floor Dallas TX 75390

☐ Clinic _____ (clinic name)

Note: Two witnesses are required if patient signs with "X" or is unable to sign. State Reason: _____

Second Witness Signature / Printed Name of Second Witness — Time AM/PM — Date

Signature of Provider Obtaining Informed Consent — Time AM/PM — Date

Signature and Printed Name of Interpreter or Language Line Reference Code — Time AM/PM — Date

FORM # 6300-019 (Rev. 12/16) Original – Health Information Management Department