### OBTAINING INFORMED CONSENT MATRIX

**Note:**
Informed consent is a process, an important component of which is communication with the patient; the properly completed informed consent form provides required corroboration of that communication.

<table>
<thead>
<tr>
<th>MAJOR Invasive Medical or Surgical Procedures</th>
<th>MINOR Invasive Medical or Surgical Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples (illustrative only): elective hip replacement, colon resection, cardiac catheterization</td>
<td>Examples (illustrative only): simple skin biopsy, lumbar puncture, simple endoscopic procedure, insertion of a chest tube or arterial line</td>
</tr>
</tbody>
</table>

#### ROUTINE procedure (not obstetrical)
—See page 2 for routine obstetrical care/procedures.

Attending physician personally obtains consent or personally discusses and verifies with patient or Legally Authorized Representative (LAR) that the appropriate informed consent has been obtained and answers questions, without delegation to resident/fellow.

Attending reviews patient-specific source documents (e.g. Epic notes, radiology reports) and signs, dates, and times consent form prior to procedure.

(While an appropriately approved resident/fellow or auxiliary health care provider may have an initial consent discussion with the patient/LAR, the attending physician still must personally discuss and verify the consent with patient/LAR and verify with patient-specific source document prior to the procedure.)

Consent must be signed by provider in presence of consenting patient/LAR.

#### URGENT procedure (including EMERGENT where patient or LAR is able or available to consent) and attending physician performing (or supervising resident/fellow performing) procedure not readily available

Attending physician must verify, with patient-specific source document (e.g., Epic note, radiology report) AND either with patient/LAR or with the attending physician’s delegate (resident/fellow) that informed consent was obtained by appropriately approved resident/fellow.

Attending must sign, date and time consent form to indicate the attending physician’s verification of consent form for the procedure and agreement with the information in the consent form.

Consent must be signed by provider in presence of consenting patient/LAR.

#### EMERGENT procedure (where patient or LAR is not able or available to consent)

Implied consent for emergency procedures where the patient or LAR is unable to consent unless patient has refused consent.

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LAR = Legally Authorized Representative

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**Routine Obstetrical Care/Procedures**

i. Appropriately approved nurse midwife may obtain consent for obstetrical care and procedures (including deliveries), within scope of privileges for procedures he/she is personally performing. Verification of informed consent by attending physician is not required.

ii. Attending physician may obtain consent for obstetrical care/procedures performed by self or by other covering attending physician provided patient is informed that such other attending physicians may be involved in the patient’s obstetrical care.

iii. Appropriately approved physician (including resident/fellow) may obtain informed consent for procedure to be performed and/or supervised by attending physician, provided attending physician verifies that informed consent has been obtained and signs, dates, and times the consent form prior to certain obstetrical care/procedure to indicate his/her review and verification of the consent form for the obstetrical care/procedure and agreement with the information in the consent form.

**Dialysis Treatments**

Consent for dialysis treatments, including hemodialysis, peritoneal dialysis, continuous renal replacement therapies, and isolated ultrafiltration may be obtained by nephrology fellows or nephrology physicians prior to initiation of dialysis treatments

i. **Patients not on outpatient dialysis prior to admission:** Consent must be obtained from the patient or Legally Authorized Representative prior to first treatment; consent may be obtained by nephrology fellow or attending physician. Attending physician must co-sign consent if obtained by nephrology fellow within 24 hours of dialysis initiation. A Dialysis Information sheet is to be provided by dialysis nursing staff at initiation of first treatment for chronic hemodialysis and peritoneal dialysis patients.

ii. **Patients on chronic out-patient dialysis (hemodialysis, peritoneal dialysis) and continuing this treatment:** At the time of initiation of dialysis during each admission, a Dialysis Information sheet is to be provided to patients by dialysis nursing staff. Prior to first ever UPHS hospital dialysis treatment consent is to be obtained by nephrology fellow or attending physician. Attending physician must co-sign consent if obtained by nephrology fellow within 24 hours of dialysis initiation. Annually thereafter acute dialysis nursing staff will have patient initial and date this original consent form by which the consent will be considered to be renewed for the subsequent year. New consent is to be obtained for any admission if there has been a significant change in the risks of dialysis from the prior admission.

iii. **Patients on chronic dialysis changing to continuous renal replacement therapy and patients on isolated ultrafiltration:** Consent must be obtained from the patient or Legally Authorized Representative prior to first treatment; consent may be obtained by nephrology fellow or attending physician. Attending physician must co-sign consent if obtained by nephrology fellow within 24 hours of dialysis initiation.