


Name of Policy:	<u>Informed Consent for All Dialysis Procedures</u>	 Effective Date: November 1, 2024 Initial Effective Date: June, 1989
Policy Number:	3364-118-26	
Department:	End Stage Renal Disease Program/ Hemodialysis (Nursing Service)	
Approving Officer:	Chief Nursing Officer/ Clinical Director, End Stage Renal Disease Program	
Responsible Agent:	Nursing Director, Hemodialysis	
Scope:	The University of Toledo Medical Center	
<input type="checkbox"/> New policy proposal <input checked="" type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy		

(A) Policy Statement

An informed consent will be obtained for all dialysis procedures.

(B) Purpose of Policy

To document that informed consent has been obtained.

(C) Procedure

- Informed consent for all dialysis procedures will be obtained as per hospital policy #3364-100-10-01 with the following addendum:
- The on-call Nephrologist or Nephrology Fellow will obtain chronic dialysis consent from established hemodialysis patients or phone consent from closest relative, legal guardian or person with Durable Power of Attorney for Health Care for chronic patients unable to verbally consent.
 - The Chronic Dialysis Consent for Artificial Kidney (Hemodialysis) Treatments (HD001) is a department specific consent that explains the hemodialysis treatment process, risks, options, and right to refuse and withdraw and does not fall under policy 3364-100-10-01.
- Patients who are new to dialysis and minors will have consents completed by a Nephrologist or their designee according to policy 3364-100-10-01.
- Copies of consents will be kept on file in the dialysis unit and will remain in effect for subsequent procedures.
- New consents will be obtained every 12 months or if the risk to the patient changes.
- The dialysis nurse will look for an informed consent prior to the initiation of dialysis. Any instances of lack of proper documentation will be referred to the Medical Director for review.

Approved by: /s/ _____ Date _____ Kurt Kless, MSN, MBA, RN, NE-BC Chief Nursing Officer /s/ _____ Date _____ Deepak Malhotra, MD, PhD Clinical Director, End Stage Renal Disease Program <i>Review: Policy & Standard Committee, 8/11, 11/24</i> <i>Revision Completed By: Tana Cepek, RN, 11/24</i>		Review/Revision Date: 1990 11/06 11/91 6/07 1/93 1/23/2008 4/94 8/2011 3/95 10/2014 4/96 05/2015 9/97 5/2018 10/98 6/2021 2/00 11/2024 7/02 7/03 7/05
		Next Review Date: 11/2027
Policies Superseded by This Policy:		

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.