GENERAL UNIVERSITY HOSPITAL IN PRAGUE
U Nemocnice 499/2, 128 08 Prageu 2 | ID: 00064165, tel.: 224 961 111

INFORMED CONSENT

Name and surname:	**National ID No.:**
Patient's legally acceptable representative (name, surname):	
Designation of the medical procedure/treatment procedure (or several procedures): ☐ **V-V ECMO: VENO-VENOUS EXTRACORPOREAL MEMBRANE OXYGENATION (BLOOD IS REMOVED FROM AND RETURNED TO THE VEIN)** ☐ **V-A ECMO: VENOARTERIAL EXTRACORPOREAL MEMBRANE OXYGENATION (BLOOD IS REMOVED FROM THE VEIN AND RETURNED TO THE ARTERY)**	
Purpose, nature, preparation, expected benefit, consequences and possible risks of the medical procedure/treatment procedure: This method is carried out in cases of severe respiratory or circulatory failure when all available treatment procedures are failing or have failed. Blood is removed from the patient outside his/her body into an extracorporeal circulation system where it is oxygenated in an oxygenator and pumped back into the body. This is a highly invasive method with possible risks of bleeding when cannulas are inserted into large veins as well as the risks of thromboembolic events (formation of clots in the vascular bed). The patient must be administered drugs to thin the blood (heparin), thus there is also the risk of general bleeding. At the time when a patient is indicated for receiving this procedure there is almost a 100% probability of death. We gain time for treatment of the underlying disease when by using this method we can largely replace the function of the lungs and heart.	
Other alternatives of the treatment procedure, their suitability, benefits and risks: No alternative procedure exists.	
The medical procedure/treatment procedure will take place as follows: The procedure takes place under general anaesthesia. Cannulas are inserted into the large veins in the neck or the groin(s) surgically or by puncture. Then a connection is made to the extracorporeal circuit (a system of tubes, a blood pump, an oxygenator and a heater). Extracorporeal oxygenation takes place until the patient's condition improves allowing disconnection or until such time when vital organ failure is clearly irreversible.	
Restrictions and recommendations in lifestyle with regard to the medical condition and possible changes in medical fitness after the stated medical procedure: An assessment will be made on a case-by-case basis after the treatment.	
Further required treatment: An assessment will be made on a case-by-case basis after the treatment.	

This form is also directly available in the HIS.

INFORMED CONSENT

Name and surname:	**National ID No.:**

I declare that the doctor who instructed me personally explained the entire content of this written informed consent and I had the opportunity to ask him/her questions to which he/she gave a proper answer. I declare that I have fully understood the above instructions and information and give express consent to this medical procedure:

In case that the patient is **underage or has limited legal capacity** and is reasonably mentally and freely mature:

I declare that I have been instructed to the extent stated above.

If the patient was not provided with such data, he/she shall state the reason why:

In Prague on

....

patient's/legally acceptable representative's signature *doctor's name, surname and signature*

.....

signature of the underage patient/patient with limited legal capacity

If the patient/legally acceptable representative cannot sign because of his/her medical condition:

Reason why the patient/legally acceptable representative is unable to sign:

Manner in which the patient/legally acceptable representative expressed his/her will:

.....

name, surname and signature of the witness

This form is also directly available in the HIS.