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Folder: Ethics, Rights and Responsibilities

INFORMED CONSENT AND EMERGENCY EXCEPTION

POLICY:

It is the policy of St. Luke's Rehabilitation Institute that a competent patient, a patient's legal representative, or surrogate (i.e., patient not competent) have the opportunity to make informed medical decisions about his/her treatment. Informed consent will be obtained and documented by a licensed independent practitioner and/or designated person prior to treatment including the administration of blood or blood products or investigational medications or the use of investigational devices or invasive procedures. If a recognized health care emergency exists and the patient is not legally competent to give informed consent and/or a person authorized to consent on behalf of the patient is not readily available, his or her consent to required treatment will be implied. RCW 7.70.050(4).

INFORMED CONSENT PROCEDURE:

1. Informed consent will include a discussion of the following elements with the patient, the patient's legal guardian or surrogate:
 - A. The nature of the proposed care, treatment, services, medications or interventions;
 - B. Potential benefits, risks and/or side effects of the patient's proposed care, treatment and services; the likelihood of the patient achieving his or her goals; and any potential problems that may occur during recuperation;
 - C. Alternatives to the patient's proposed care, treatment, and services including non-treatment; and any potential risks, side effects, or benefits with those treatment options; and
 - D. Where relevant, any circumstances under which information about the patient must be disclosed or reported (i.e., reportable conditions).

Alternatively, the patient may elect not to be informed of the above stated information.

2. Informed consent, electing to waive obtaining informed consent as described above, or refusal to undergo the proposed treatment must be documented in the patient's medical record.
3. The nurse/clinician and/or designated person will initiate the consent form where necessary when the patient consents to the treatment.
4. The nurse/clinician and/or designated person may act as a witness to the signature on the consent form.
5. Phone consent may be provided with the nurse/clinician and/or designated person as witness and appropriate education from the physician.

6. The consent form is placed behind the face sheet in the patient's medical record with all other consent forms during the patient's medical stay.

EMERGENCY EXCEPTION PROCEDURE:

Where it is impractical to obtain actual consent from a patient, patient's legal representative or surrogate because immediate action is necessary for the protection of the patient's life, treatment is implied and should immediately occur.

Reference: Competency and/or Surrogate Determinations Policy and Procedure; RCW 7.70.050, and RCW 7.70.060.