

CONSENT AUTHORIZATION: INTRAVENOUS THERAPY PROCEDURES

1. Bastyr University Clinic provides facilities and personnel to assist your doctor in the performance of intravenous therapy. You have the right to be informed of the procedure, any feasible alternative options, and the risks and benefits. Except in emergencies, procedures are not performed until you have had an opportunity to receive such information and to give your informed consent.
2. The procedure involves inserting a needle into your vein or muscle and injecting the formula described to you and documented in your medical record by your doctor.
3. Alternatives to intravenous therapy are oral supplementation and/or dietary and lifestyle changes.
4. Risks of intravenous therapy include:
 - a. Discomfort, bruising and pain at the site of injection.
 - b. Inflammation of the vein used for injection, phlebitis.
 - c. Severe allergic reaction, anaphylaxis, cardiac arrest and death.
5. Benefits of intravenous therapy include:
 - a. Injectable are not affected by stomach or intestinal disease.
 - b. Total amount of infusion is available to the tissues.
 - c. Nutrients are driven into cells by means of a high concentration gradient.
 - d. Higher doses of nutrients can be given than possible by mouth without intestinal irritation.
6. You have the right to consent to or refuse the proposed treatment at any time prior to its performance. You have the right to stop the treatment during the procedure. Your signature on this form affirms that you have given your consent to the procedure(s) described by your doctor and charted in your medical record.
7. The procedure will be performed by or under the direction of your BUC doctor with qualified medical assistants, which may include trained medical students.
8. Your signature below means that:
 - a. You understand the information provided on this form and agree to the forgoing.
 - b. The procedure(s) set forth has been adequately explained to you by your doctor.
 - c. You have received all the information and explanation you desire concerning the procedure.
 - d. You authorize and consent to the performance of the procedure(s).

Name: _____

Date: _____

Signature: _____