SHAHEED MOHTARMA BENAZIR BHUTTO
INSTITUTE OF TRAUMA KARACHI
Covid ICU/HDU Unit

Patient Name:_____

MR # _____

CONSENT FOR ADMISSION IN CRITICAL CARE UNITS, PHARMOCOLOGICAL & INVASIVE MANAGEMENT (WHEN EVER REQUIRED)

Age:	Gender
Admission Date & Time	Speciality
Provisional / Final Diagnosis:	

I/We hereby request and give my / our regarding the admission of _____of _____under the care of Dr _____

For Critical Therapeutic and whenever required invasive management, in SMBB Institute of Trauma, and I also authorized my primary consultant to include when required, the specialty –need –based consultant.

I / We have been made full aware of the nature of the disease, Critical Condition of the patient, and guarded prognosis, by the

i) Consultant ii) Authorized Medical Staff of the SMBB-IT.

I / We also consent to and authorize the use of existing/required medical facilities available and invasive methods of management Electively or in Emergency, Like

☐ Invasive Ventilation ☐ None Invasive Ventilation ☐ IABP ☐ Placement of Central Venous Catheters ☐ Closed Thoracostomy

☐ Temporary Place Maker Placement ☐ Permanent Place Maker Placement ☐ Tracheostomy ☐ Tracheotomy ☐ Arterial Catheters ☐ Super-Public Urinary Catheterization ☐ Foley's Urinary Catheterization ☐ Naso-Gastric Tube Placement

☐ Endoscopy ☐ Bronchoscopy ☐ Hemodialysis ☐ Trucut Biopsy ☐ FNAB ☐ High Risk ☐ Epidural ☐ Lumbar Puncture ☐ Left Heart catheterization ☐ Coronary Angioplasty ☐ Other _____

(The Consultant / Authorized Medical Staff however shall detail the authorized representation or the Patient, prior to carrying the needful)

I / We have been detailed about the possible benefits / risks involved in the management of critical illness and the use of medical devices, invasive procedures., as a part of the patient's Critical Care / Treatment.

I / We acknowledge that no guarantees or assurances have been given to me / us by the Consultant or Authorized Medical Staff of SMBB-IT on behalf of the consultant, regarding the desired outcome and duration of the treatment of my/our patient.

I / We solemnly undertake that I / We have read, heard, and understood the above contents/statements, and hereby declare that my / our consent / authorization has not been under any illegal influence or pressure nor forced upon me/us by the consultant or authorized medical staff of the SMBB-IT.

Patient's Authorized Representation / Attendant Date/Time Witness

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Dr Name, Signature / Stamp Date.

If unknown case Consult, Shift Admin / MLO.

Admin on Call (Shift Administrator) (If unknown) _____