

Ohio State University Medical Center Procedures Requiring Informed Consent**

Approved by OSU Hospitals MSAC, September 2007.

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| 1 | Administration of anesthesia (except local anesthetic) |
| 2 | Amniocentesis |
| 3 | Arterial line placement |
| 4 | Blood or blood product administration |
| 5 | Bone marrow biopsy and/or aspiration |
| 6 | Bone marrow transplant |
| 7 | Bronchoscopy and all procedures utilizing bronchoscope |
| 8 | Burr hole (at bedside) |
| 9 | Capsule enteroscopy |
| 10 | Cardiac catheterization lab - all procedures |
| 11 | Cardioversion |
| 12 | Catheter-grams |
| 13 | Central venous catheter placement |
| 14 | Cervical biopsy |
| 15 | Cesarean section |
| 16 | Chest tube placement |
| 17 | Cystoscopy procedures |
| 18 | Debridement of tissues (excluding minor debridement) |
| 19 | Deep sedation |
| 20 | Dialysis/Pheresis catheter placement |
| 21 | Electroconvulsive therapy (ECT) |
| 22 | Electrophysiology lab - all procedures |
| 23 | Endoscopies and all procedures utilizing endoscopies |
| 24 | Endotracheal intubation (elective intubation only) |
| 25 | Fibrin sheath disruption |
| 26 | Fine needle aspiration (any deep body site excluding aspiration of cutaneous abscesses) |
| 27 | Fistula-grams |
| 28 | Guided and unguided percutaneous biopsies |
| 29 | HIV testing (specific consent required) |
| 30 | Intra-arterial catheterization |
| 31 | Intravenous temporary pacemaker placement |
| 32 | Islet cell transplant |
| 33 | LEEP procedure |
| 34 | Lumbar puncture |
| 35 | Moderate sedation |
| 36 | Nuclear medicine procedures |
| 37 | Paracentesis |
| 38 | Percutaneous muscle biopsy |
| 39 | Percutaneous nerve biopsy |
| 40 | Percutaneous or invasive procedures in interventional radiology |
| 41 | Percutaneous solid organ biopsy |
| 42 | Pericardiocentesis |
| 43 | Placement of ICP monitoring device |
| 44 | Radiation oncology procedures |
| 45 | Reduction of fracture or dislocation (if moderate or deep sedation is used) |
| 46 | Shuntograms |

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| 47 | Solid organ transplant (specific consent required) |
| 48 | Stem cell transplant |
| 49 | Stereotactic biopsies |
| 50 | Sterilization (specific consent required for Medicaid patient) |
| 51 | Surgical/medical procedures in the operating room |
| 52 | Swan-Ganz catheterization |
| 53 | Thoracentesis |
| 54 | Thrombectomy (any vascular site) |
| 55 | Tilt table procedures |
| 56 | Total body radiation (Full and mini) |
| 57 | Tracheostomy placement |
| 58 | Trans-esophageal echocardiogram |
| 59 | Tunneled catheter placement |
| 60 | Urodynamic testing |
| 61 | Vaginal birth after Cesarean section |

**** If any of these procedures is done emergently, informed consent is not required**

Revised 2/9/2009