



PARENTERAL THERAPY CONSENT FORM

I, _____ understand that

- my physician has prescribed parenteral therapy for treatment of my disease process.
- I and/or my caregiver are responsible for:
 - catheter/needle and continuous or intermittent fluid administration on a 24 hours basis as *PEC Healthcare is an intermittent nursing service and can't be held liable for problems that arise in their absence.*
 - learning how to use the non-electronic/electronic infusion pump
- PEC Healthcare will provide intermittent skilled nursing visits to monitor and teach myself/ caregiver possible complications such as infection, infiltration, phlebitis, sepsis, allergic reactions, embolism and circulatory overload.
- PEC Healthcare will teach aseptic fluid administration, discontinuance of infusion and/or catheter/needle, emergency measures and when to call PEC Healthcare.
- PEC Healthcare provides 24 hour on call service, a licensed home health nurse is available to make a visit as deemed necessary, but PEC Healthcare is ***NOT AN EMERGENCY SERVICE FOR LIFE THREATENING SITUATION.***
- medications have adverse drug reactions. My physician(s) and/or pharmacist(s) have discussed and/or provided drug information to me. I am aware that I can contact my physician(s) and/or pharmacist(s) for additional drug information.

I consent to receiving parenteral therapy as ordered by my physician and hereby release PEC Healthcare from all responsibilities arising from

1. Complications of illness
2. Complications from infusion therapy (i.e. catheter infiltration, infection, embolism)
3. Adverse drug reactions associated with my infusion therapy ranging from minor to serious (i.e. allergy, anaphylactic reaction)
4. Side effects of the medication(s) (i.e. renal, liver, cardiac and neuro toxicity)

Patient Signature

Date: _____ Time: _____

Primary Caregiver Signature

Date: _____ Time: _____

Witness

Date: _____ Time: _____