

Informed Consent Form

Knee Joint Aspiration and Injection

Patient: _____

Date: _____

1. I hereby authorize Dr. _____ to perform arthrocentesis or aspiration and injection of a joint. The joint is: _____.
2. I understand that this is a procedure performed by placing a needle into the joint. The goal is to withdraw fluid from the joint to provide pain relief, analyze the fluid under the microscope, and, possibly, inject medication into the joint for additional relief. I understand that the removal of fluid may be needed to find out why the fluid was present. I understand that fluid may re-accumulate after the removal. I understand that the medication that may be injected is a corticosteroid and may not provide long-lasting relief. I understand that the practice of medicine is not an exact science, and that no guarantee can be made about the outcome of my planned procedure.
3. My doctor has explained to me that this procedure generally is safe, but that certain risks accompany any surgical procedure. Risks associated with joint aspiration and injection include the following:
 - Pain associated with the procedure if the needle touches joint surfaces
 - Injection into an artery or vein if the needle tip was misplaced
 - Damage to a nerve or joint surface from the needle or medication
 - Rare introduction of infection into the joint
 - Increased joint pain after injection of medication, or postinjection flare reaction
 - Rare, unusual reactions, including possible death, following any surgical procedure
4. I understand that there are alternate diagnostic and treatment options to this procedure. I understand that I can refuse this procedure.
5. I understand that unforeseen conditions may alter the planned procedure. I give permission to my doctor to alter the procedure (such as to remove extra fluid for laboratory study), if necessary, or to administer additional anesthetics or other medication if I should need them for the completion of my procedure.
6. I have read this form and other sheets given to me by my physician. I have had my questions answered to my satisfaction.

Witness: _____ Patient: _____

Date: _____

Minor: _____ Parent: _____

Adapted with permission from Zuber TJ. Office procedures. Baltimore: Lippincott Williams & Wilkins, 1999.

Procedure Recording Form

Knee Joint Aspiration and Injection

Patient: _____ Date: _____ Age: _____

Affected joint: _____

Circle all that apply:

Joint pain?	Yes	No	Bacteremia?	Yes	No
Joint effusion?	Yes	No	Coagulopathy?	Yes	No
Joint prosthesis?	Yes	No	Joint trauma?	Yes	No
Overlying redness?	Yes	No	Overlying dermatitis?	Yes	No
Fever or chills?	Yes	No	Prior gout?	Yes	No

Length of time symptoms have been present: _____

Radiographic findings of the joint: _____

Pertinent history: _____

Procedure description:

The skin was prepped with povidone-iodine solution. The joint was entered from the _____ approach using a 21-gauge or _____ needle. Fluid was obtained for studies. Corticosteroid injection was performed using _____.

Laboratory studies performed:

Gram stain	Acid-fast bacillus and tuberculosis culture
Culture and sensitivity	Glucose, protein, lactic acid dehydrogenase
Complete blood cell count and differential	Viscosity
Crystal analysis	Other: _____
Color of the fluid	

Complications: _____

Impression: _____

Plan:

- _____ Studies as above
- _____ Postprocedure instruction sheet given to patient.

Physician: _____ CC: _____

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Nursing Instructions

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Patient Preparation

The patient is seated comfortably on the examination table. Clothing is removed from over the affected joint. An absorbent pad is placed underneath the affected joint. If the joint is to be injected, the preferred medications are prepared. The anesthetic is always drawn up first, and then the steroid, to prevent contamination of the anesthetic stock bottle.

Sterile Tray for the Procedure

Place the following items on a sterile sheet covering a Mayo stand:

- Sterile gloves
- Sterile fenestrated drape
- 2 10-mL syringes
- 2 21-gauge, 1 ¼-inch needles
- 1 inch of 4 × 4 gauze soaked with povidone-iodine solution (Betadine)
- Hemostat (for stabilizing the needle when exchanging the medication syringe of the aspiration syringe)
- Sterile bandage

Postprocedure Nursing Instructions

- The skin is cleansed of any blood or povidone-iodine solution, and the bandage is applied.
- Needles are disposed of in an appropriate sharps container.
- Soiled or bloodied gauze is disposed of in an appropriate biohazard waste container.
- The aspirated joint fluid is labeled and sent for studies as directed by the physician.
- Medication bottles are stored in the cabinet.

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