NHS
University Hospitals of North Midlands
NHS Trust

CONSENT FORM 1

PATIENT AGREEMENT TO INVESTIGATION OR TREATMENT

When to use this form:
This form is for people who have the capacity to consent to treatment and therefore is largely unaffected by the MCA.

When not to use this form:
If the patient is 18 or over and lacks the capacity to give consent, you should use consent form 4. See additional guidance, point 4, page 6 for further details.

PATIENT DETAILS	
Patient surname/family name:	
Patient first name/s:	
Date of birth:	
Responsible health professional:	
Job title:	
NHS Number:	
Unit Number:	
Gender:	
Special requirements (e.g. language or other communication method):	

TO BE RETAINED IN THE PATIENTS NOTES

NOTE: NO SECTION TO BE LEFT BLANK! TICK OR ENTER 'N/A' USE BESPOKE CHECKLIST IF APPROPRIATE

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Pre-operative Ward Checklist

Weight	Kg
Temperature	°C
Pulse	bpm
Blood Pressure	mmhg
Oxygen Saturation	%
Last Menstrual Period	/ / ☐ NA
Pregnancy test result, if applicable	☐ Neg ☐ Pos ☐ NA
Diabetic	☐ Yes ☐ No
If Yes, BM result / time:	: hrs
Document any prosthesis / Implants / pacemaker	
LAST FOOD	/ / : hrs
LAST ORAL FLUID	/ / : hrs

Y	N/A	
☐		Check patient identity band
☐		Check written consent given
☐	☐	Check correct site marked
☐	☐	Check blood products requested as appropriate
☐		Check hygiene care undertaken as appropriate
☐		Check any jewellery removed / taped
☐		Check dentures removed
☐	☐	DVT Prophylaxis risk assessed IF required; ☐ TEDs ☐ Anticoagulant ☐ N/A
☐		Check patient notes, prescription chart & requested investigations / instructions
☐		Check for pre-medication prescription

Any known Allergies or Sensitivities? ☐ Y ☐ N

If Yes, please state:

Ward Nurse Name	
Signature	
Date	

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STAGE 1—Anaesthetic Room Checklist

Y	N/A	
☐		Ward check reviewed
☐		Patient identity confirmed
☐		Written consent confirmed
☐	☐	Correct site marked and confirmed
☐		Caps / crowns / dentures checked
☐		Confirm last oral intake
☐		Airway & aspiration risk assessed
☐		Glycaemic status checked
☐		State Allergies (to be read out loud)

Practitioner Name	
Signature	

Y	N/A	
☐		Patient / Site and Procedure Correct
☐		Cross checked with Operation List
☐		Written consent confirmed
☐		Anticipated blood loss discussed
☐	☐	Check blood products available
☐		Confirm availability and sterility of equipment / prostheses
☐	☐	Confirm availability of required investigations
☐	☐	Antibiotics required?

Is Image Guided Surgery required? ☐ Y ☐ N

Which side is the lesion / prepared for scans? ☐ R ☐ L ☐ N/A

Operating Surgeon Name	
Signature	
Date	

UHNM Surgical Safety Checklist

STAGE 2—Operating Theatre Checklist

(to be read out loud IMMEDIATELY PRIOR TO KNIFE TO SKIN)

Y	N/A	
☐		**Correct PATIENT**
☐		**State SITE**
☐		**State PROCEDURE**
☐		State Allergies
☐	☐	DVT Prophylaxis
☐	☐	Antibiotics
☐	☐	Imaging correctly displayed
☐	☐	Warming required

Practitioner Name	
Signature	

STAGE 3—Post Surgical Sign Out

(to be read out loud BEFORE THE PATIENT LEAVES THE THEATRE)

Y	N/A	
☐		Name of Procedure recorded
☐		Instruments, sharps, swabs, counts complete
☐		All intravenous lines flushed
☐	☐	Specimens correctly labelled
☐	☐	Throat pack removed
☐	☐	Prosthesis / implants recorded
☐	☐	Tourniquet removed

Circulating Practitioner Name	
Signature	
Date	

NSH8094

Name of proposed procedure or course of treatment (include brief explanation of medical term if not clear):		
Colonoscopy		
Statement of health professional (to be filled in by the health professional with appropriate knowledge of the proposed procedure, as specified in the consent policy):		
I have explained the procedure to the patient, in particular, I have explained:		
The intended benefits:	BENEFITS: TO GAIN DIAGNOSIS AND/OR TREAT	
Significant, unavoidable or frequently occurring risks: (see additional guidance point 2)	RISKS: 1. ABDOMINAL DISCOMFORT 2. RISKS ASSOCIATED WITH SEDATION 3. BLEEDING 4. PERFORATION	*explained:*
Any extra procedures which may become necessary during the procedure:		**Blood transfusion**
		Other procedure (please specify in the space below):
	Details of any extra procedures which may become necessary explained::	
I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.		
The following leaflet / tape has been provided:	*Name of leaflet / tape provided, including version number/reference::*	
This procedure will involve:		**General and/or regional anaesthesia**
		Local anaesthesia
		Sedation

Signed:		**Date:**	
Name (PRINT):		**Job title:**	
Contact details:	*(if patient wishes to discuss options later)*		

Statement of Interpreter (where appropriate):			
I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.			
Signed:		**Date:**	
Name (PRINT):			

Top copy accepted by patient (please circle):	**Yes**	**No**

Patient identifier/label

Name of proposed procedure or course of treatment (Include brief explanation of medical term if not clear):		
Colonoscopy		
Statement of health professional (to be filled in by the health professional with appropriate knowledge of the proposed procedure, as specified in the consent policy):		
I have explained the procedure to the patient, in particular, I have explained:		
The intended benefits:	BENEFITS: TO GAIN DIAGNOSIS AND/OR TREAT	
Significant, unavoidable or frequently occurring risks: (see additional guidance point 2)	RISKS: 1. ABDOMINAL DISCOMFORT 2. RISKS ASSOCIATED WITH SEDATION 3. BLEEDING 4. PERFORATION	*explained:*
Any extra procedures which may become necessary during the procedure:		**Blood transfusion**
		Other procedure (please specify in the space below):
	Details of any extra procedures which may become necessary explained::	
I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.		
The following leaflet / tape has been provided:	*Name of leaflet / tape provided, including version number/reference::*	
This procedure will involve:		**General and/or regional anaesthesia**
		Local anaesthesia
		Sedation

Signed:		**Date:**	
Name (PRINT):		**Job title:**	
Contact details:	*(if patient wishes to discuss options later)*		

Statement of Interpreter (where appropriate):			
I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.			
Signed:		**Date:**	
Name (PRINT):			

Top copy accepted by patient (please circle):	**Yes**	**No**

Patient identifier/label

Statement of Patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of page 2 which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

- **I agree** to the procedure or course of treatment described on this form.
- **I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.
- **I understand** that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (this only applies to patients having general or regional anaesthesia)
- **I understand** that any procedure, in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.
- **I have been told** about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion:

Details of any extra procedures which I do not wish to be carried out without further discussion:

Patient signature:		**Date:**	
Name (PRINT):			

A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here (see notes).			
Patient signature:		**Date:**	
Name (PRINT):			

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form In advance). On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.			
Signed:		**Date:**	
Name (PRINT):		**Job title:**	

Important notes (tick if applicable):			
	See also advance directive/living will (e.g. Jehovah's Witness form)		
	Patient has withdrawn consent (ask patient to sign/date here)		
Signed:		**Date:**	

Guidance to Health Professionals

(to be read in conjunction with C43 Policy and Procedures for Obtaining Consent, Including associated Quick Reference Guides available via the Trust Intranet)

What a consent form is for:

This form documents the patient's agreement to go ahead with the investigation or treatment you have proposed. It is not a legal waiver – if patients, for example, do not receive enough information on which to base their decision, then the consent may not be valid, even though the form has been signed. Patients are also entitled to change their mind after signing the form, if they retain capacity to do so. The form should act as an *aide-memoire* to health professionals and patients, by providing a checklist of the kind of information patients should be offered, and by enabling the patient to have a written record of the main points discussed. In no way, however, should the written information provided for the patient be regarded as a substitute for face-to-face discussions with the patient.

The law on consent:

See the department of Health's Reference guide to consent for examination or treatment for a comprehensive summary of the law on consent (also available at www.doh.gov.uk/consent or via the Trust Intranet)

Who can give consent?

Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated. If a child under the age of 16 has "sufficient understanding and intelligence to enable him or her to understand fully what is proposed", then he or she will be competent to give consent for himself or herself. Young people aged 16 and 17, and legally 'competent' younger children, may therefore sign this form for themselves, but may like a parent to countersign as well. If the child is not able to give consent for himself or herself, some-one with parental responsibility may do so on their behalf and a separate form is available for this purpose. Even where a child is able to give consent for himself or herself, you should always involve those with parental responsibility in the child's care, unless the child specifically asks you not to do so. If a patient is mentally competent to give consent but is physically unable to sign a form, you should complete this form as usual, and ask an independent witness to confirm that the patient has given consent orally or non-verbally.

Information

Information about what the treatment will involve, its benefits and risks (including side-effects and complications) and the alternatives to the particular procedure proposed, is crucial for patients when making up their minds. The courts have stated that patients should be told about 'significant risks which would affect the judgement of a reasonable patient'. 'Significant' has not been legally defined, but the GMC requires doctors to tell patients about 'serious or frequently occurring' risks. In addition if patients make clear they have particular concerns about certain kinds of risk, you should make sure they are informed about these risks, even if they are very small or rare. You should always answer questions honestly. Sometimes, patients may make it clear that they do not want to have any information about the options, but want you to decide on their behalf. In such circumstances, you should do your best to ensure that the patient receives at least very basic information about what is proposed. Where information is refused, you should document this on page 2 of the form or in the patient's notes.

Additional Guidance (point 1):

When not to use this form:

If the patient is 18 or over and lacks the capacity to give consent, you should use form 4 (form for adults who lack the capacity to consent to investigation or treatment) instead of this form.

A patient lacks capacity if they have an impairment of the mind or brain or disturbance affecting the way their mind or brain works and they cannot:

- Understand information about the decision to be made
- Retain that information in their mind
- Use or weigh that information as part of the decision-making process, or
- Communicate their decision (by talking, using sign language or any other means)

You should always take all reasonable steps (for example involving more specialist colleagues) to support a patient in making their own decision, before concluding that they are unable to do so.

Relatives <u>cannot</u> be asked to sign a form on behalf of an adult who lacks capacity to consent for themselves, unless they have been given the authority to do so under a Lasting Power of Attorney or as a court appointed deputy.

Additional Guidance (point 2):

Significant, unavoidable or frequently occurring risks:

All surgery carries a risk of infection. Some patients (such as those with reduced immunity due to their illness or as a side-effect of their treatment) and some types of operation carry a higher risk of such infection than others. In some instances an infection acquired during operation can have a serious impact on your quality of life or even lead to death. Your surgeon will inform you if your operation is associated with specific risks and / or you have a condition which makes you particularly susceptible.

Chester v Afshar (chapter 1, paragraph 17). The House of Lords judgement held that a failure to warn a patient of a risk of injury inherent in surgery, however small the probability of the risk occurring, denies the patient the chance to make a fully informed decision. The judgement held that it is advisable that health practitioners give information about all significant possible adverse outcomes and make a record of the judgement given.

Human Tissue Act (see also the Consent Policy –Reference Guide on Human Tissue, and the Human Tissue Authority Code of Practice on Consent, both documents are available via the Trust Intranet.