safer better good value care

Royal Cornwall Hospitals NHS
NHS Trust

Consent Form 1
Foreign language pack

LITHUANIAN

This pack contains:

- One Lithuanian language Consent Form 1- **CHA2868**
  This is set out identically to the Trust's current Consent Form 1
- One English language Consent Form 1 CHA2333 for reference. This includes guidance notes for help and support.

Please complete the foreign language consent form and file in the patient's health record.

The patient should be given a photocopy of the completed foreign language consent form.

Sutikimo forma naudojimui Cornwall grafystėje

1 sutikimo forma

Paciento sutikimas atlikti tyrimus ar gydymą

CHA2868
Atspausdinta 2002-01
Redaguota 2010-01

1 SUTIKIMO FORMA

Naudojimui Cornwall grafystėje

PACIENTO SUTIKIMAS

NHS numeris: .....

Paciento vardas, pavardė: .....

Adresas: .....

PRIDėKITE PACIENTO ETIKETę

Gimimo data: .....

CR numeris: .....

Siūlomos procedūros ar gydymo pavadinimas

(įskaitant trumpą paaiškinimą, jei neaiškūs medicininiai terminai)

Specialūs reikalavimai
(pvz., kita kalba, kiti bendravimo metodai ir t.t.)

Atsakingas sveikatos priežiūros specialistas

Pareigos .....

Sveikatos priežiūros specialisto pareiškimas (pildo sveikatos priežiūros specialistas, turintis atitinkamų žinių apie siūlomą procedūrą, kaip nurodyta sutikimo politikoje)

Aš išaiškinau procedūrą pacientui. Konkrečiai, aš paaiškinau šiuos dalykus:

Numatyta nauda _____

Pastebimos, neišvengiamos ar dažnai pasitaikančios rizikos _____

Bet kokios papildomos procedūros, kurios gali būti būtinos procedūros metu

☐ kraujo perpylimas _____

☐ kitos procedūros (nurodykite) _____

Aš taip pat aptariau, ko galima tikėtis iš procedūros, kitų galimų alternatyvių gydymų (įskaitant negydymą) naudą ir rizikas bei konkrečius šiam pacientui rūpimus reikalus.

☐ Buvo suteiktas toliau nurodytas lankstinukas ir (arba) kasetė _____

Į šią procedūrą įeina:

☐ bendra ir (arba) regioninė anestezija ☐ vietinė anestezija ☐ nuraminimas

Pasirašė _____ Data _____

Vardas, pavardė (DIDŽIOSIOMIS RAIDĖMIS) _____ Pareigos _____

Kontaktiniai duomenys (jei pacientas pageidauja aptarti galimybes vėliau) _____

Vertėjo pareiškimas (jei reikia)

Aš išverčiau aukščiau pateiktą informaciją pacientui remdamasis geriausiais savo sugebėjimais ir, mano nuomone, Jam / Jai suprantamu būdu.

Pasirašė _____ Data _____

Vardas, pavardė (DIDŽIOSIOMIS RAIDĖMIS) _____

GELTONA VIRŠUTINĖ KOPIJA SKIRTA SVEIKATOS PRIEŽIŪROS ĮRAŠAMS

Baltą kopiją priėmė pacientas: TAIP ar NE (apibraukite)

PASTABA: žr. nurodymus sveikatos priežiūros specialistams vidiniame puslapyje

SULENKITE, KAD GALĖTUMĖTE ĮDĖTI Į SVEIKATOS PRIEŽIŪROS ĮRAŠUS

Įsitikinkite, kad paciento atpažinimo duomenys ir (arba) etiketė yra ant abiejų kopijų

Paciento pareiškimas

Atidžiai perskaitykite šią formą. Jei Jūsų gydymas buvo suplanuotas iš anksto, turėtumėte turėti 1 puslapio kopiją, kuriame aprašyta siūlomo gydymo nauda ir rizikos. Jei neturite, kopija Jums bus pasiūlyta dabar. Jei turite kokių nors klausimų, būtinai klauskite - mes esame čia, kad padėtume Jums. Jūs turite teisę bet kada pakeisti savo nuomonę, taip pat ir po to, kai pasirašysite šią formą.

Aš sutinku su šioje formoje aprašyta procedūra ar gydymo kursu.

Aš suprantu, kad Jūs negalite užtikrinti, jog konkretus asmuo atliks procedūrą. Tačiau asmuo turės atitinkamą patirtį.

Aš suprantu, kad turėsiu galimybę išsamiau aptarti anesteziją su anesteziologu prieš procedūrą, išskyrus tuos atvejus, kai mano situacijos skuba neleis to padaryti. (Galioja tik pacientams, kuriems bus atliekama bendra ar regioninė anestezija)

Aš suprantu, kad bet kokios papildomos procedūros, be aprašytų šioje formoje, bus atliekamos tik jei reikės išgelbėti man gyvybę arba apsaugoti mano sveikatą nuo rimtos žalos.

Aš informuotas apie papildomas procedūras, kurios gali būti reikalingos gydymo metu. Toliau surašiau nepageidaujamas procedūras, **kurios neturi būti atliekamos be** išsamesnio aptarimo.

Aš sutinku/nesutinku, kad audinių ir skysčių mėginiai būtų naudojami anonimiškai ir saugomi kokybės kontrolei bei kitiems techniniams tikslams ***[netinkamą ištrinti]*.**

Aš sutinku / nesutinku, kad audinių ir skysčių mėginiai būtų naudojami anonimiškai ir saugomi klinikiniams mokslams ***[netinkamą ištrinti]*.**

Aš sutinku / nesutinku, kad audinių ir skysčių mėginiai būtų naudojami anonimiškai ir saugomi etiškai patvirtintiems tyrimams ***[netinkamą ištrinti]*.**

Toliau pateikiu sąrašą nepageidaujamų medicininių tyrimų rūšių, kuriuose neturėtų būti naudojami mano mėginiai.

Paciento parašas _____ Data _____

Vardas, pavardė (DIDŽIOSIOMIS RAIDĖMIS) _____

Jei pacientas negali pasirašyti, tačiau davė savo sutikimą, toliau turi pasirašyti liudininkas. Jaunuolių arba vaikų vienas iš tėvų gali pasirašyti čia (žr. pastabas).

Liudininko parašas _____ Data _____

Vardas, pavardė (DIDŽIOSIOMIS RAIDĖMIS) _____

Sutikimo patvirtinimas (pildo sveikatos priežiūros specialistas, kai pacientui skirta procedūra, jei pacientas iš anksto pasirašė formą)

Pacientą gydančios komandos vardu aš patikslinau, kad pacientas neturi daugiau klausimų ir pageidauja pradėti procedūrą.

Pasirašė _____ Data _____

Vardas, pavardė (DIDŽIOSIOMIS RAIDĖMIS) _____ Pareigos _____

Svarbios pastabos: (tinkamą pažymėkite)

☐ Taip pat žr. išankstinį sprendimą atsisakyti gydymo (pvz., Jehovos liudytojų forma)

☐ Pacientas atšaukė sutikimą (paprašykite, kad pacientas čia pasirašytų ir (arba) nurodytų datą) _____

Consent form for use in Cornwall

Consent Form 1

Patient agreement to investigation or treatment

CHA2333
Printed 01/2002
Revised 01/2010

Guidance to Health Professionals (to be read in conjunction with consent policy)

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 minds 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 check-list 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).

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, if they wish. If the child is not able to give consent for himself or herself, someone with parental responsibility may do so on their behalf. 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 has the mental capacity 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.

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 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 **cannot** 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.

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 in the patient's notes.

CONSENT FORM 1

For use in Cornwall

PATIENT AGREEMENT

NHS number: .....

Name of patient: .....

Address: .....

Date of birth: .....

CR number: .....

AFFIX PATIENT LABEL

Name of proposed procedure or treatment

(including brief explanation if medical term not clear)

Special Requirements
(e.g. other language, other communication method etc.)

Responsible health professional

Job title .....

Statement of Health Professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained:

The intended benefits

Significant, unavoidable or frequently occurring risks

Any extra procedures which may become necessary during the procedure

☐ blood transfusion

☐ other procedure
(please specify)

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

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)

YELLOW TOP COPY - HEALTH RECORDS

White copy accepted by patient: yes or no (please ring)

NB: See Guidance to Health Professionals on inside cover

PLEASE FOLD FOR INSERTION INTO HEALTH RECORDS

Please ensure Patient identifier details/label is on both copies

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 1 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.

I agree / disagree that tissue and fluid samples may be used anonymously and stored for quality control and other technical purposes ***[delete as appropriate]***.

I agree / disagree that tissue and fluid samples may be used anonymously and stored for clinical education ***[delete as appropriate]***.

I agree / disagree that tissue and fluid samples may be used anonymously and stored for ethically approved research ***[delete as appropriate]***.

I have listed below any types of medical research for which I do not wish my samples to be used:

Patient's 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).

Witness Signature Date

Name (PRINT)

Confirmation to Consent (to be completed by 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 they have no further questions and wish the procedure to go ahead.

Signed Date

Name(PRINT) Job title

Important notes: (tick if applicable)

☐ See also advance decision to refuse treatment (eg Jehovah's Witness form)

☐ Patient has withdrawn consent (ask patient to sign/date here)