safer better good value care

Royal Cornwall Hospitals NHS
NHS Trust

Consent Form 3
Foreign language pack

LITHUANIAN

This pack contains:

- One Lithuanian language Consent Form 3 - **CHA2878**
  This is set out identically to the Trust's current Consent Form 3
- One English language Consent Form 3 CHA2335 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

3 sutikimo forma

Smulkus tyrimas ar gydymo procedūros, kai sąmonė nepablogėjusi

Suaugusiojo ir tėvų sutikimas atlikti tyrimą ar gydymą

CHA2878
Atspausdinta 2002-01
Redaguota 2010-02

3 SUTIKIMO FORMA

Naudojimui Cornwall grafystėje

PACIENTO IR (ARBA) TĖVŲ SUTIKIMAS

(Procedūros, kai sąmonė nepablogėjusi)

NHS numeris:

Paciento vardas, pavardė:

Adresas:

Gimimo data:

CR numeris:

PRIDĖKITE PACIENTO ETIKETĘ

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 rekomenduojamos procedūros žinių, kaip nurodyta sutikimo politikoje)

Aš išaiškinau procedūrą pacientui ir (arba) vienam iš tėvų. Konkrečiai, aš paaiškinau šiuos dalykus:

Numatyta nauda

Pastebimos, neišvengiamos ar dažnai pasitaikančios rizikos

Aš taip pat aptariau, ko galima tikėtis iš procedūros, kitų galimų alternatyvių gydymų (įskaitant negydymą) naudą ir rizikas, ir jų konkrečias problemas.

☐ Buvo suteiktas toliau nurodytas lankstinukas ir (arba) kasetė

Pasirašė Data

Vardas, pavardė (DIDŽIOSIOMIS RAIDĖMIS) Pareigos

Vertėjo pareiškimas (jei reikia)

Aš išverčiau aukščiau pateiktą informaciją pacientui ir (arba) vienam iš tėvų remdamasis geriausiais savo sugebėjimais ir, mano nuomone, Jiems suprantamu būdu.

Pasirašė Data

Vardas, pavardė (DIDŽIOSIOMIS RAIDĖMIS)

SULENKITE, KAD GALĖTUMĖTE ĮDĖTI Į SVEIKATOS PRIEŽIŪROS ĮRAŠUS

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

Paciento ir (arba) asmens, atsakingo už globą pareiškimas

Aš sutinku su anksčiau aprašyta procedūra.

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

Aš suprantu, kad atliekant procedūrą, bus / nebus taikoma vietinė anestezija.

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 / mano vaiko mėginiai.

Parašas Data

Vardas, pavardė (DIDŽIOSIOMIS RAIDĖMIS) Ryšys su pacientu

Sutikimo patvirtinimas (pildo sveikatos priežiūros specialistas, kai pacientas priimtas procedūrai, jei pacientas ir (arba) vienas iš tėvų iš anksto pasirašė formą)

Aš patvirtinau, kad pacientas ir (arba) vienas iš tėvų neturi daugiau klausimų ir pageidauja pradėti procedūrą.

Pasirašė Data

Vardas, pavardė (DIDŽIOSIOMIS RAIDĖMIS) Pareigos

GELTONA VIRŠUTINĖ KOPIJA SKIRTA SVEIKATOS PRIEŽIŪROS ĮRAŠAMS
Baltą kopiją priėme pacientas ir (arba) tėvai: TAIP ar NE (apibraukite)
PASTABA: žr. nurodymus sveikatos priežiūros specialistams vidiniame puslapyje

Consent form for use in Cornwall

Consent Form 3

Minor investigation or treatment procedures where consciousness not impaired

Adult and parental agreement to investigation or treatment

CHA2335
Printed 01/2002
Revised 02/2010

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 (or that of a person with parental responsibility for the patient) to go ahead with the investigation or treatment you have proposed. It is only designed for procedures where the patient is expected to remain alert throughout and where an anaesthetist is not involved in their care: for example for drug therapy where written consent is deemed appropriate. In other circumstances you should use either Form 1 (for adults/competent children) or Form 2 (parental consent for children/young people) as appropriate.

Consent forms are not legal waivers - 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 also have the right to change their minds after the form has been signed.

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 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.

When NOT to use this form

If the patient is 18 or over and lacks capacity to give consent, you should use form 4 (form for adults who lack capacity to consent to 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 **cannot** be asked to sign this 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 about treatment. 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 overleaf or in the patient's notes.

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).

CONSENT FORM 3

For use in Cornwall

PATIENT/PARENTAL AGREEMENT

(Procedures where consciousness not impaired)

NHS number: .....

Name of patient: .....

Address: .....

Date of birth: .....

CR number: .....

AFFIX PATIENT LABEL

Name of 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 / parent. In particular, I have explained:

The intended benefits .....

.....

.....

Significant, unavoidable or frequently occurring risks .....

.....

.....

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 those involved.

☐ The following leaflet / tape has been provided

.....

Signed ..... Date .....

Name (PRINT) ..... job title .....

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient / parent to the best of my ability and in a way in which I believe they can understand.

Signed ..... Date .....

Name (PRINT) .....

PLEASE FOLD FOR INSERTION INTO HEALTH RECORDS

Please ensure Patient identifier details/label is on both copies

NHS

Statement of patient / person with parental responsibility

I agree to the procedure described above.

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 the procedure will/will not involve local anaesthesia.

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 type of medical research for which I do not wish my / my child's samples to be used:

.....

.....

.....

.....

Signature ..... Date .....

Name (PRINT) ..... Relationship to patient .....

Confirmation of Consent (to be completed by health professional when the patient is admitted for the procedure, if the patient / parent has signed the form in advance)

I have confirmed that the patient / parent has no further questions and wishes the procedure to go ahead.

Signed ..... Date .....

Name (PRINT) ..... Job title .....

YELLOW TOP COPY FOR HEALTH RECORDS
White copy accepted by patient/parent: YES or NO (please ring)
N.B. See Guidance to Health Professionals on inside cover