



York Teaching Hospital
NHS Foundation Trust

Patient Agreement to Investigation or Treatment Procedures where consciousness not impaired

Responsible health professional:

Job Title:

Patient details (or pre-printed label)	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Patient's surname or family name.....	Special requirements (e.g. other language or communication method)	
Patient's first names.....	
Date of birth.....	
NHS number (or other identifier).....	

Name of proposed procedure or course of treatment (include brief explanation of medical term if not clear):

Ultrasound guided injection of botulinum to abdominal wall muscles to prepare for complex abdominal wall reconstruction

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in Consent to Examination and Treatment Policy).

I have explained the procedure to the patient/person with parental responsibility for patient. In particular, I have explained:

The intended benefits:

Some bleeding at the injection site. Reducing the need for component separation surgery. Make closure of wide hernia defect possible. Produce less tension in the midline wound of the abdomen during the first few weeks of healing.

Serious or frequently occurring risks:

Weakening of abdominal muscles may make it more difficult to cough and may increase bulging of the abdomen temporarily.

Alternatives: No alternative pre operative treatment exists.

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/person with parental responsibility for patient.

The following leaflet or tape has been provided: PIL 1488 Using pre operative 'Botox' injection to abdominal wall v1

Signed: Date:

Name (PRINT): Job Title:

Contact details (if patient wishes to discuss options later): York: 01904 631313, Scarborough: 01723 368111, Bridlington: 01262 606666

Statement of Interpreter (where appropriate): I have interpreted the information above to the patient/person with parental responsibility for patient to the best of my ability and in a way in which I believe s/he/they can understand.

Signed: Date:

Name (PRINT):

Statement of Patient/Person with parental responsibility for patient

(see Guidance notes for professionals on parental responsibility)

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of the consent form which describes the benefits and risks of the proposed treatment and any alternatives available. If not, you will be offered a copy now. If you have any further questions, please 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 the appropriate experience.

I understand that the procedure will involve local anaesthesia, unless I have a known allergy to local anaesthetic.

I agree/disagree (please circle) to health care students observing my treating clinician during my procedure.

Patient's Signature:..... Date:
(or person with parental responsibility for patient)

Name (PRINT): Relationship to patient

A witness should sign below if the patient is unable to sign but has indicated their consent. Young people/children may also like a person with parental responsibility for them to sign here (see Guidance Notes for Professionals).

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/person with parental responsibility for 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 Signature of patient:

(ask patient/person with parental responsibility for patient to sign here)

Consent form 3: Guidance to health professionals (to be read in conjunction with consent policy)

This form

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/ children with capacity) 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 every right to change their mind after signing the form.

Who can give consent

Everyone aged 16 or more is presumed to have the capacity 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 have the capacity to give consent for himself or herself. Young people aged 16 and 17, and younger children who are deemed to have the capacity, may therefore sign this form for themselves, if they wish. If the child is not able to give consent for himself or herself, some-one 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. Where a young person of 16 or 17 or a child under 16 who is deemed to have capacity, refuses treatment, it is possible that such a refusal could be over-ruled if it would in all probability lead to the death of the child or to severe permanent injury. It would be prudent, to obtain a court declaration or decision if faced with a child or young person with capacity who is refusing to consent to treatment, to determine whether it is lawful to treat the child. If a patient has the 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.

Parental responsibility

The person(s) with parental responsibility will usually, but not invariably, be the child's birth parents. People with parental responsibility for a child include: the child's mother; the child's father if married to the mother at the child's conception, birth or later; a legally appointed guardian; the local authority if the child is on a care order; or a person named in a residence order in respect of the child. Fathers who have never been married to the child's mother will only have parental responsibility if they have acquired it through a court order or parental responsibility agreement (although this may change in the future).

When NOT to use this form (see also 'This form' above)

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 **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 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.dh.gov.uk).