Paediatric Patient Consent Form <18 Years

NATIONAL ORTHOPAEDIC HOSPITAL CAPPAGH

Cappagh Kids

Addressograph
Name/MRN if addressograph not available

Section 1 is to be completed by the Practitioner. Section 2, located overleaf, must be completed by the Patient, Parent, or Legal Guardian after Section 1 has been filled out.

SECTION 1: FOR COMPLETION BY THE PRACTITIONER

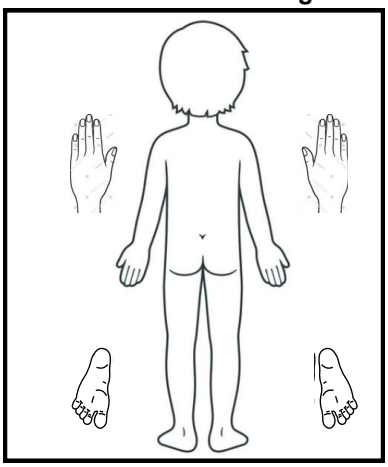
Procedure: (No abbreviations) _____

_____

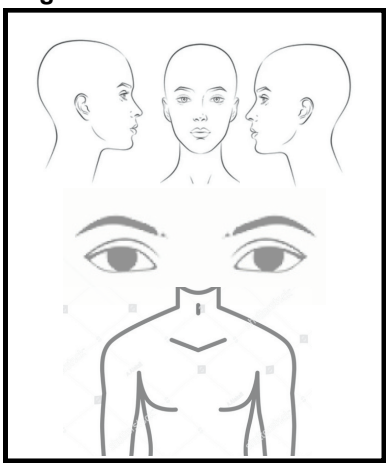
Side/Site/Digit/Level:_____ **Estimated Length of Surgery:** _____

MARK IF RELEVANT:

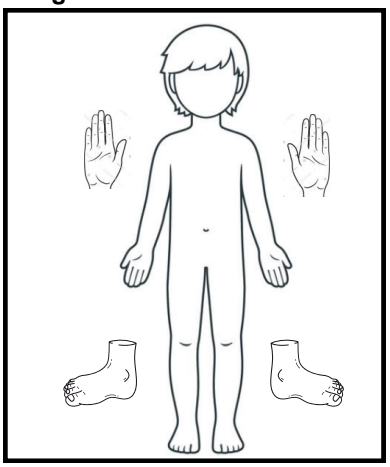
Left **Right**



Right **Left**



Right **Left**



I CONFIRM THAT I HAVE CONDUCTED THE FOLLOWING CHECKS:

The patient's name and date of birth, procedure and site/side has been verified by the patient and/or parent/ legal guardian. ☐

The correct side/site/ digit/level has been marked as per hospital policy. ☐

The patient has been provided with the relevant information and leaflet(s) (as appropriate) for:

Procedure ☐ Blood Transfusion ☐ Anesthetic Information ☐

Consent ☐ Other: _____

I CONFIRM THAT I HAVE EXPLAINED TO THE PATIENT, PARENT OR HIS/HER LEGAL GUARDIAN ALL OF THE INFORMATION BELOW IN TERMS, WHICH I BELIEVE THEY UNDERSTAND:

a) The diagnosis/ condition; ☐ _____
b) The above investigation/ treatment/ operation/ procedure; ☐ _____
c) The potential benefits of the operation/ procedure ☐ _____
d) Any appropriate alternatives to the operation/ procedure; ☐ _____
e) The likelihood of success of the proposed operation/ procedure; ☐ _____
f) A Transfusion of blood/ blood products may be needed during the operation/ procedure. ☐ _____
g) The risks associated with the operation/ procedure and the consequences of not receiving the investigation, treatment/ procedure; List risks discussed opposite: ☐ _____

_____

Practitioner's Signature: _____ **Date:** _____ **Time:** _____

Practitioner's Name in Block Capitals_____ **MCRN:**_____

Practitioner's Title: _____

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SECTION 2: FOR COMPLETION BY THE PATIENT/PARENT/LEGAL GUARDIAN AFTER SECTION 1 HAS BEEN COMPLETED

ABOUT CONSENT
A person must consent before any medical procedure, test, or examination. A young person who is 16 or 17 years old can consent to medical treatment. If a young person cannot consent, their parents or legal guardians can provide consent until the individual turns 18. Parents and legal guardians have the right to give consent for their children who are under 16 years old.

INFORMED CONSENT
IIn preparation for treatment, staff have shared details about your condition, treatment options, and the risks and benefits of treatment. This form asks if you have enough information to make an informed decision.

PURPOSE OF THE PAEDIATRIC CONSENT FORM
A signed consent form documents what was explained, discussed and agreed with the patient and parent/legal guardian and how consent was given.

CONSENTING TO RESEARCH & EDUCATION
NOHC is a training hospital where students observe or participate in patient care under supervision. We also conduct research to improve treatment. Signing this consent form indicates your agreement to these practices.

a) I have checked that the details on this form are correct. ☐

b) I have listened to and understand the explanation given for the operation/ procedure. ☐

c) I understand that the operation/ procedure carries with it risks to life and health, may not have the expected benefit or outcome and that unanticipated complications may arise. ☐

d) I understand that the practitioner who obtained this consent from me may not carry out the operation/procedure. ☐

e) I have had the opportunity to ask questions about anaesthesia and read the Patient Information Leaflet on Anaesthesia (if applicable) ☐

f) I have had the opportunity to ask questions about my procedure and read the Patient Information Leaflet specific to my procedure. ☐

g) I know that I can ask for clarification of anything that I do not understand. ☐

h) I am aware that NOHC is a teaching hospital and as such students/ trainees/ NCHDs/ medical science representatives may be involved/ present during my treatment process and that some or all of my procedure may be carried out by healthcare professionals under supervision as part of their training. ☐

i) I am aware that in emergent situations, it may not be possible to obtain consent and care/treatment may be provided as is necessary to save my child's life, or prevent serious harm to my health. I also understand that any procedure, in addition to that described on this form, will only be carried out if it is necessary and in my best interests and justified for medical reasons. I have told the doctor about any additional procedure, which I would NOT wish to be carried out without my having the opportunity to consider them first. Specific here any procedure (if any): ☐

_____

j) I understand that I may withdraw my consent at any time, including during treatment, by notifying the doctor and that I have the right to a second opinion. ☐

k) I understand that during the procedure, it may be necessary to take x-rays, photographs or digital recordings for the purpose of treating or assessing me. ☐

l) For children under 18yrs old, I confirm that both legal guardians, where relevant, have been made aware of the planned surgical procedure and give consent for the procedure to proceed as planned. ☐

I consent to the **OPERATION/ PROCEDURE** described: ☐ ☐
I consent for **ANAESTHESIA**, including Monitored Anaesthesia Yes No Care Regional & General, as required. ☐ ☐
I consent for **BLOOD/ BLOOD PRODUCTS** ☐ ☐

Patient and/or Parent/ Legal Guardian(s) Signature: _____

State Relationship to patient:_____ Date: ___/____/____ Time: ____:____

Patient and/or Parent/ Legal Guardian(s) Signature: _____

State Relationship to patient:_____ Date: ___/____/____ Time: ____:____

Witness to verbal consent (must be an NOHC representative): _____ Date: ___/____/____