Home Nursing Care Consent

Informed consent. The care manager fills the treatment details and explains them; the patient or their representative signs.

Clinic and clinician

HOSPITAL OR CLINIC

CARE MANAGER NAME

REGISTRATION NO. (MEDICAL COUNCIL)

PATIENT ID / UHID

Patient

PATIENT FULL NAME

EMAIL

DATE OF BIRTH

GENDER

PHONE

Proposed treatment

SERVICE

START DATE

DAILY RATE (₹)

TREATING DOCTOR

CARE PLAN SUMMARY

Staff will provide care only as set out in the care plan and the treating doctor's written instructions: medicines, dressings, feeds, vitals, mobility and hygiene. In an emergency they will call an ambulance and the family.

Risks

Every treatment carries some risk. The common and the serious ones for this treatment include:

- Falls during mobility or transfers
- Complications from tubes, catheters or injections
- Delay in hospital care compared with an inpatient setting

RISKS SPECIFIC TO THIS PATIENT

Alternatives

- Hospital or nursing-home admission
- Care by family members with training

FAMILY CONTACT FOR ESCALATION

PHONE

Consent

EXPLAINED TO ME IN

SIGNED BY

REPRESENTATIVE NAME (IF NOT PATIENT)

RELATIONSHIP

- The care manager has explained the treatment, its purpose, risks and alternatives in a language I understand, and answered my questions.
- I understand no result can be guaranteed.
- This consent covers only the treatment described. If an unexpected problem arises during it that puts life or health at immediate risk, the team may do what is needed to deal with it and will explain afterwards.
- I may withdraw this consent at any time before the treatment starts.

☐ I give my consent to the treatment described above.

Patient

SIGNATURE

PRINTED NAME

DATE

Care manager

SIGNATURE

PRINTED NAME

DATE