**Statement of health professional**

Special requirements

(e.g. other language/other communication method)

**Patient record of discussion**

**and awareness of issues**

Female

Male

Paediatric surgical patients

NHS number (or other identifier)

**Surgical Care During the**

**Corona virus (COVID-19)**

**Pandemic**

Patient’s surname/family name

Patient’s first names Date of birth Responsible Clinician

Job title

**Acknowledgment Form**

Salisbury NHS Foundation Trustwill do everything possible to provide essential surgery during the pandemic. Staff will wear protective clothing and do all they can to prevent you and your child/dependant catching the virus in hospital. However, it is a very infectious disease and a risk remains. We will discuss this added risk with you and your child/dependant when we talk through the planned admission and procedure. This form is to make you and your child/dependant aware that their surgical care may be affected in many ways.

## We must be clear that:

* **Assessment and care may be disrupted, delayed or performed differently during the pandemic.**
* **Coming to hospital might increase chances of your child/dependant contracting COVID 19 virus, or your child/dependant may be already carrying the virus when they attend for their operation.**
* **If corona virus infection occurs when your child/dependant has surgery or whilst in hospital, this could make recovery more difficult, or increase risks of serious illness or even death.**
* **We will do everything we can to perform your child/dependant’s operation, keep them safe, and provide information at all stages. We will listen to concerns and discuss them with you and your child/dependant to help you to make the right decision for your child/dependant.**
* **You may wish to delay your child/dependant’s operation, and we would understand your reasons for this. However, future dates for surgery may take much longer than normal to arrange.**

**These are examples of the ways in which your child/dependant’s surgical care may differ from normal:**

**Before your child/dependant’s operation:-**

* Some of your child/dependant’s consultations may take place by telephone or by email and letters.
* Where applicable we will rely on your local hospital to send important tests, results, and letters to us.
* We may also ask you to email or post medical information to us.
* We will arrange for your child/dependant and the accompanying parent/carer to have coronavirus testing before your child/dependant’s operation.
* Your child/dependant’s operation is likely to be postponed if they test positive or are unwell.
* **Routinely**, we will ask your household to go into strict isolation before a procedure unless it is an emergency. You will be given clear information about what we expect you and your child/dependant to do.

## Your child/dependant’s operation:-

* Circumstances will be very different in the hospital. Wards will be re-organised, and staff will be wearing protective equipment.
* Your child/dependant may not meet their surgeons until the day of treatment, and they might not be the ones you expected. They will be experienced and trained to be able to carry out your operation.
* Paediatric admissions should be accompanied by 1 parent/carer only. This individual will be expected to wear a level 1 surgical mask whilst on-site. This will be provided by the Trust.

## After your child/dependant’s operation:-

* Your child/dependant will be discharged from hospital when they are ready, into your care.
* Any social contact such as coming to the hospital increases the risk of catching COVID-19: you will appreciate that for many this will be a flu-like illness but there is a higher risk that your child/dependant might become more ill during their recovery from surgery.
* Your child/dependant is at higher risk when recovering from surgery so limiting social contact at home and not coming into hospital are both important (hence, we will check up on your child/dependant by phone where necessary.
* Follow up care and what to look out for will be explained to you and your child/dependant.
* Please make sure that your household and your child/dependant follow the advice given by the Government regarding social distancing, hand washing and travel.

**Please bring this document in with you on the day of your admission.**

# Name and Signature of responsible clinician

Signed: …….…………………………………… Date ……....……………………………………..

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

**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 he/she can understand.

Signed ……………….………………………………. Date…….………………………………

Name (PRINT) …………….…………………………………………………………………………..

**Confirmation of acknowledgment** (to be completed by a 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 has no further questions and wishes the procedure to go ahead.

Signed: …………………………………………… Date ……....…………………………….

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

Version 1.1

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