**Statement of health professional**

Special requirements

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

**Patient record of discussion**

**and awareness of issues**

Female

Male

Adult 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 LA**

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 catching the virus in hospital. However, it is a very infectious disease and a risk remains. We will discuss this added risk with you when we talk through the planned admission and procedure. This form is to make you aware that your surgical care may be affected in many ways.

## We must be clear that:

* **Your assessment and care may be disrupted, delayed or performed differently during the pandemic.**
* **Coming to hospital might increase your chances of contracting COVID 19 virus, or you may be already carrying the virus when you come for your operation.**
* **If corona virus infection occurs when you have surgery or whilst in hospital, this could make your recovery more difficult, or increase your risk of serious illness or even death.**
* **We will do everything we can to perform your operation, keep you safe, and provide you with information at all stages. We will listen to your concerns and discuss them with you to help you to make the right decision for you.**
* **You may wish to delay your 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 surgical care may differ from normal:**

**Before your operation:**

* Some of your 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 ask you to perform a lateral flow test prior to attending and if positive you should contact the relevant department to discuss cancellation and rebooking of your procedure.
* If you have not undertaken a lateral flow test ahead of arrival then it will be taken as soon as you arrive. If positive you will be sent home, (if appropriate), and your procedure will be rebooked.

## Your operation:

* Circumstances may be different in the hospital. Wards may be re-organised, and staff will be wearing protective equipment.
* You may not meet your 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.
* You may not be able to have your family and friends visit whilst in hospital.

## After your operation:

* You will be discharged from hospital when you are ready.
* Any social contact such as coming to the hospital increases the risk of you catching COVID-19: you will appreciate that for many this will be a flu-like illness but there is a higher risk that you might become more ill during your recovery from surgery.
* You are 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 you by phone.)
* Follow up care and what to look out for will be explained to you.
* Please make sure that you 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 1.3

Date form approved: July 2020

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