NHS
North West Anglia
NHS Foundation Trust

AFFIX PATIENT LABEL OR WRITE PATIENT DETAILS HERE

PATIENT NAME:

Consent Form 3

Patient/Parental Agreement to Investigation or Treatment (procedure where Consciousness not impaired)

Name of Procedure (include brief explanation if medical term not clear)
Medical Termination of Pregnancy

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)
I have explained the procedure to the patient/parent. In particular, I have explained:
The intended benefits: To end the pregnancy and remove the pregnancy tissue from within the womb

Serious or frequently occurring risks:
The treatment fails to work (continued pregnancy) less than 5% depending on gestation and gap between the two medicines
The womb doesn't completely empty and surgery is needed to complete the procedure – less than 5%
The bleeding is too heavy and transfusion is needed – less than 2%
Pelvic infection – up to 5%
Uterine rupture where the womb tears during contractions <1%

- If you have had **more than one previous caesarean section**, this will increase the risk of all complications
- Women have a higher risk of blood clots in their legs or lungs in pregnancy, and in the six weeks after this procedure. If you have had a blood clot before, blood clotting disorders in your family, smoke or have a high body mass index, you may be at higher risk and need to start injections into your abdomen (tummy). Seek urgent help if you have painful/swollen calf pain or chest pain/difficulty breathing.

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatment (including no treatment) and any particular concerns of those involved.

The following leaflet has been read on the internet pre-consent: FPH358
The following leaflets will be sent/given to the patient before commencing treatment: FPH347

Signed: L. Goodliffe Date:
Name (Printed): L. Goodliffe Job title: Specialist Nurse

Statement of Interpreter (where appropriate)
I have interpreted the information above to the patient/parent to be the best of my ability and in a way I believe s/he/they can understand **N/A**

Signed: …… Date: …….. Name (PRINT) ……..

Statement of patient/person with parental responsibility for patient
I agree to the procedure described above.
I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will however have appropriate experience.
I understand that the procedure will/will not involve local anaesthesia.

Signed: Date:

Name (PRINT):

Patient verbally consented over the telephone. All questions answered. Verbal consent to treatment given.
Date:
Sign: L. Goodliffe (SPN)

Confirmation of consent (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/parent has no further questions and wishes the procedure to go ahead.
Signed: …… Date: ……..
Name (Printed): …….. Job Title: ……

Copy accepted by patient/parent yes/no (please ring)