



# ADMISSION DOCUMENT

PATIENT NAME:



## CONSENT TO PROCEDURES

### Gastroscopy

Gastroscopy is a safe and well tolerated method of examining the upper gastrointestinal tract. Occasionally it is necessary to perform interventional procedures through the scope such as biopsies or removal of polyps. The procedure is performed under conscious sedation therefore it is unlikely you will have any recollection of the procedure.

**NB The risk of not having the procedure (missed ulcer/ cancer) may significantly exceed the risks from the procedure**

The risks of the procedure are minimal and potential complications include:

- Bleeding – less than 1/1000
- Perforation / puncture of the food pipe, stomach or bowel – less than 1/5000
- Injury to surrounding tissues (eg pancreas) – extremely rare
- Sedation related complications including drug allergy – extremely rare
- Aspiration of stomach contents into the lungs – extremely rare
- The rare possibility that something may be missed, or that the procedure may be technically difficult and unable to be completed, particularly if there is poor stomach emptying or residual food

Most complications settle spontaneously and do not require any specific intervention. Very rarely they might be life threatening and may require a blood transfusion or surgery. Please notify the doctor/ nursing staff should you have any concerning symptoms:

- Severe abdominal pain
- Bleeding
- Fever
- Shortness of breath

Please inform the doctor / nursing staff prior to the procedure if you:

- Suffer from severe heart / lung / kidney conditions
- Are pregnant
- Are on anti-coagulants (blood thinning medications)
- Decline blood transfusion in the case of a rare life-threatening emergency

I understand the nature of the above-mentioned procedure(s) and hereby consent to the procedure and accept the risks / complications thereof.

I agree not to operate a motor vehicle or machinery for at least 24 hours after the procedure, and not to make any important decisions within 24 hours if sedation was given.

Full name of patient / guardian: \_\_\_\_\_

Signature of patient / guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## CONSENT TO PROCEDURES

### Colonoscopy

Colonoscopy is a relatively safe and well tolerated method of examining the colon. The procedure is usually performed under conscious sedation after adequate preparation of the bowel. Alternative methods for examining the bowel include CT scanning or barium enema however these investigations are less accurate and do not allow for interventions such as biopsies or removal of polyps.

Colonoscopy is not perfect and it is still possible to miss polyps, although the risk of missing significant sized polyps is quite small, especially if you have good bowel preparation. If polyps are found during the procedure they are removed for histology as they have the potential of becoming malignant / cancerous at a later stage. Larger polyps or early cancers may require a repeat colonoscopy or surgery at a later stage.

**NB The risk of not having the procedure (missed cancer) may significantly exceed the risks from the procedure**

The risks of the procedure are minimal and potential complications include:

- Bleeding – less than 1/500 for polyp removal / less than 1/10 000 from biopsies
- Perforation / puncture of the food pipe, stomach or bowel – less than 1/3000
- Death due to colonoscopy – 1/25 000
- Injury to surrounding tissues (eg spleen) – extremely rare
- Sedation related complications including drug allergy – extremely rare
- Aspiration of stomach contents into the lungs –rare
- The rare possibility that polyps or other things may be missed, or that the procedure may be technically difficult and unable to be completed, particularly if there is poor preparation

Most complications settle spontaneously and do not require any specific intervention. Very rarely they might be life threatening and may require a blood transfusion or surgery. Please notify the doctor/ nursing staff should you have any concerning symptoms:

- Severe abdominal pain
- Bleeding
- Fever
- Shortness of breath

Please inform the doctor / nursing staff prior to the procedure if you:

- Suffer from severe heart / lung / kidney conditions
- Are pregnant
- Are on anti-coagulants (blood thinning medications)
- Decline blood transfusion in the case of a rare life-threatening emergency

I understand the nature of the above-mentioned procedure(s) and hereby consent to the procedure and accept the risks / complications thereof.

I agree not to operate a motor vehicle or machinery for at least 24 hours after the procedure, and not to make any important decisions within 24 hours if sedation was given.

Full name of patient / guardian: \_\_\_\_\_

Signature of patient / guardian: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## CONDITIONS FOR ADMISSION

A patient is admitted to the facility on the terms and conditions set out below.

### GUARANTEE OF PAYMENT

Any person who signs the admission form on behalf of the patient or as guardian of the patient:

1. Renders himself/herself jointly and separately liable for payment of the account in respect of services rendered to such a patient, including the pharmaceutical stock not withstanding any claim accruing from the medical scheme or insurance cover.
2. Is expected to have acquainted himself/herself with all the terms and tariffs applicable upon admission to this facility and to have noted that –
  - 2.1 the daily usage of the facility
  - 2.2 the account
  - 2.3 doctors and other medical professionals' services will be billed separately
  - 2.4 the terms and tariffs for patients covered by medical aid schemes may vary
3. Undertake to forward all accounts to my medical aid scheme and to settle all accounts that not been paid by the medical aid schemes
4. Understand(s) that
  - 24% Interest will be charged on all outstanding accounts after 60days
  - that patient /guardian will be held responsible for all administration and collection fees
  - in the event of non-payment by 90 days, your name will be black-listed and handed over to the ITC.

### JURISDICTION

The legal relations between the debtor/s and the facility, arising directly or indirectly from the admission of the patient to the facility or in respect of any treatment administered to the patient at the facility, shall be determined exclusively in accordance with the Laws of the Republic of Namibia (as the case may be) and furthermore, and competent Magistrate's Court of Namibia shall have jurisdiction in all matters so arising notwithstanding the amount of the cause of action.

### INDEMNITY

Although the facility will take care to ensure the safety and well-being of the patient in the facility, subject to all applicable laws, the patient and /or the signatory agrees that all claims proved against the facility for loss or damage, including consequential damage or expenses suffered or incurred by the patient and/or the signatory, arising directly or indirectly from any injury, disability, mental or physical harm (whatsoever nature) suffered by the patient resulting in any act or omission (of whatsoever nature). If personal belongings are handed in for safe custody, a safe custody receipt, issued on behalf of the facility will be produced.

### GENERAL

By affixing his/her signature hereto the signatory confirms that he/she does so willingly and without any duress of any nature and confirms furthermore that no misrepresentation regarding the content hereof has been made by the facility

ADMISSION	DISCHARGE
PRINT NAME AND SURNAME _____	
PATIENT / GUARDIAN SIGNATURE _____	
DATE AND TIME _____	



# Windhoek Digestive & Liver Disease Centre

FILE NR	PATIENT STICKER			
ALLERGY				
<b>PROCEDURE:</b>				
<b>DATE:</b>				
<b>SURGEON:</b>				
<b>ANAESTHETIST:</b>				
<b>FLOOR NURSE 1</b>				
<b>FLOOR NURSE 2</b>				
<b>GASSES</b>	<b>ON</b>	<b>OF</b>	<b>EQUIPMENT</b>	<b>TICK</b>
Oxygen per Min 792			GASTROSCOPY	
<b>THEATRE TIME IN</b>			COLONOSCOPY	
			FLEXIBLE SIGMOID	
<b>THEATRE TIME OUT</b>			OXYGEN RECOVERY	

## PRE – OPERATIVE ASSESSMENT

Date of admission:	Time:
Accompanied by:	Preferred language:
Contact Person:	Pro -op information given: Yes / No
Telephone nr	

Valuables		Handed in	Yes		No	
Visual aids		Handed in	YES		No	
Hearing aids		Handed in	Yes		No	
Dentures		Handed in	Yes		No	

<b>SENSES:</b> Visual	Good		Poor		Blind		Remarks:
<b>SENSES:</b> Auditory	Good		Poor		Blind		Remarks:

MEDICAL HISTORY	SURGICAL HISTORY/ COMPLICATIONS	FAMILY HISTORY

PRE-OPERATIVE ASSESSMENT

SYSTEM		ASSESSMENT			
CARDIOVASCULAR	Heart rhythm	Regular	<input type="checkbox"/>	Irregular	<input type="checkbox"/>
	Vital Signs	Pulse rate:		Temp:	
		Blood pressure:		Haemoglobin:	
		Weight:		Height:	
RESPIRATORY PATTERN	Respiratory pattern				
	Dyspnoea				
	Vital signs				
RENAL	URINA ANALYSIS				
NERVOUS	Verbal				
	Muscular Strength				
	Pain				
ENDOCRINE	Blood glucose				
REPRODUCTIVE	Contraception				
	Pregnant				
	Menstruation				
Date:		Time:			
Observation done by:		Assessment done by:			
INTRAVENOUS THERAPY					
Type of Fluid	Time started	Volume started	Time completed	Volume completed	Signature
		ml		ml	
		ml		ml	









**INTRA-OPERATIVE RECORD**

<b>Date:</b>	<b>Duration of the Procedure:</b>  Time in:                      Time out:                      Total:                      min
<b>SURGEON:</b>  <b>Anaesthetist:</b> <b>Anaesthetic drugs used:</b>   <b>Type of anaesthesia:</b>  <b>Floor nurse 1:</b> <b>Floor nurse 2:</b> <b>Floor nurse 3:</b>	<b>Position of patient:</b>  Bite block:                      Yes                      No Diathermy used:                      Yes                      No Diathermy removed                      Yes                      No Diathermy burn present                      Yes                      No
Specimens sent: Laboratory used: All packs sterile (keep steri strips):    Yes                      No	
<b>Doctor's/surgeon's Report of Procedure</b>	<b>Scope room Sister Report of Procedure</b>

## RECOVERY ROOM REPORT

Time of arrival:

Doctor's instructions:

Oxygen Administration Via:

Not Applicable:

Mask:

Nasal Cannula:

T-piece:

Ambu bag:

Suction required: Yes      No

Remarks:

Observations:

### TIME

Blood pressure mmHg

Pulse/min

Respiration / min

O<sub>2</sub> Therapy %

O<sub>2</sub> Saturation %

Pupils (L)

Reacting ( ) (R)

Pupils (L)

Equal (mm) (R)

**Condition of Patient on Discharge**

Signature of Anaesthetist:

Signature of Recovery Nurse:



**MEDICATION AND CONSUMABLES USED DURING PROCEDURE(S)**

FLOOR NURSE:	DATE:
PATIENT NAME:	PROCEDURE:

BIOPSY FORCEPS		ADRENALINE	
CLO TEST		ATROPINE	
HOT SNARE		BUSCOPAN	
COLD SNARE		BUSCOPAN CO	
GLOVES		CLOPAMON	
HEMORRHOID BANDS		DECADRON	
INTERJECT		DORMICUM	
JELCO BLUE		EFFORTIL	
JELCO PINK		FENTANYL	
NASAL CANULA TUBING		FOSENEMA	
NASAL FILTER LINE 2M		INFULGAN	
NORMAL SALINE 200ML		KETAMIN	
RINGER LACTATE 1000ML		LIGNOCAINE	
SPEEDBAND FOR VARICEAL BANDING		MORPHINE	
AIRWAY NR 2		PERFALCAN	
AIRWAY NR 3		PROPOFOL 1%	
AIRWAY NR 4		PROPOFOL 2%	
SUCTION NOZZLE (YANKAUER)		RAPIFEN	
ARGONPLASMA COAGULATION (ACP)		STEMETIL	
INK SPOT		ZOFRAN 4MG	
ADMIN SET		ZOFRAN 8MG	
POLY CATCHER			
ADD-LINE			