HSC SHSCT

ANAESTHESIA RECORD

Main Theatre

Patient 65

H&C Personal Information redacted by the USI

PROCEDURE DATE

DATE OF BIRTH Personal Information redacted by the USI

POST OP INSTRUCTIONS

Personal Information redacted by the USI

Drug Prescription	Date/Time/Sign	Date/Time/Sign	Date/Time/Sign

Other Post-Op Instructions

Anaesthetic Signature Personal Information redacted by the USI

Report printed 16/03/16 20:30

Received from Dr Maria O'Kane on 29/03/22. Annotated by the Urology Services Inquiry.

HSC SHSCT

ANAESTHESIA RECORD

Main Theatre

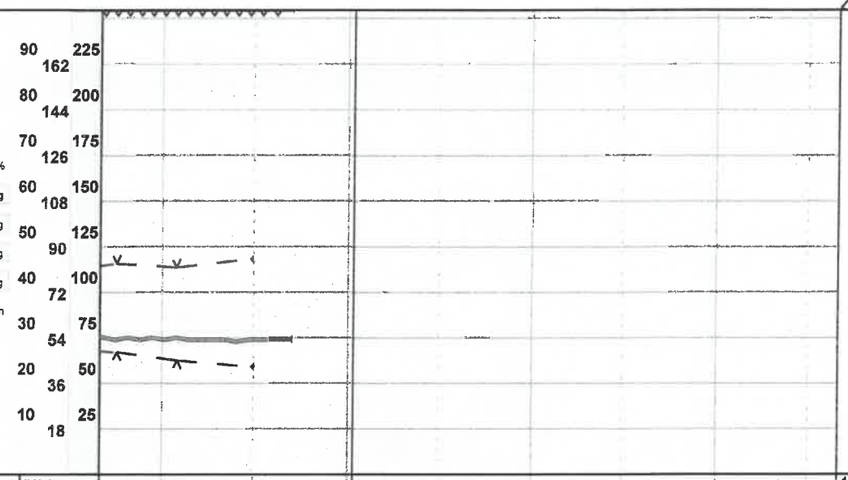
Patient 65

H&C Personal Information redacted by the USI

PROCEDURE DATE

DATE OF BIRTH Personal Information redacted by the USI

16/03/2016 20:22 20:30 20:37 20:45 INTRAop



Paracetamol	IV inj mg		1000 mg
Bupivacaine 0.5% HYPER [5 mg/mL]	Spinal mg		13 mg
Fentanyl IT [50 µg/mL]	Spinal µg		25 µg
Ondansetron [2 mg/mL]	IV inj mg		4 mg
Gentamicin [40 mg/mL]	IV inj mg		160 mg
NaCl 0.9%.	IV inf mL	500	500 mL
AA		Sevoflurane	
Mode of ventilation			
Target ETAA			
Pmean	cmH2O		
Exp Sevoflurane	%		
Exp O2	%		
Exp Desflurane	%		
Trigger flow	L/min		
Exp Isoflurane	%		
MAC	%		
PEEPset	cmH2O		
PEEP	cmH2O		
Insp Sevoflurane %	%		
FiO2set	%		
Insp Desflurane %	%		
Insp Nitrus Oxide	%		
FiO2	%		
TVset	mL		
TV			

Report printed 16/03/16 20:30 Page 4/4

Received from Dr Maria O'Kane on 29/03/22. Annotated by the Urology Services Inquiry.

OPERATION NOTES

Affix La

Patient 65

HOSPITAL: CRAIGAVON AREA

Operations Performed: TURP

Date: 16 MARCH 16

Surgeon: JOHN O'BRIEN

Anaesthetist: JIM BENNETT

Assistant

Sister

Incision

Blood

Findings

Drains

Packs

PROCEDURE

Personal Information redacted by the USI

Signature of Surgeon: .....

Received from Dr Maria O'Kane on 29/03/22. Annotated by the Urology Services Inquiry.

78/CA.2/1

IN-PATIENT FOLLOW-UP AND OUT-PATIENT NOTES

Affix Label or Enter in Block Letters
Full Name
Date of Birth
Unit No.
Ward/Dept.
Address
Consultant

Patient 65

NOTES

When used for In-patient follow-up ignore left-hand column

Out-Patient Use Only	Date	Clinical Notes
→		
Age		
URINE Protein Sugar Acetone		
WEIGHT kg.		
→		
Age		
URINE Protein Sugar Acetone		
WEIGHT kg.		
→		
Age		
URINE Protein Sugar Acetone		
WEIGHT kg.		

Personal Information redacted by the USI

30723

	Date	Clinical Notes
→		Personal Information redacted by the USI
Age		
URINE Protein Sugar Acetone		
WEIGHT kg.		
→		
Age		
URINE Protein Sugar Acetone		
WEIGHT kg.		
→		
Age		
URINE Protein Sugar Acetone		
WEIGHT kg.		
→		
Age		
URINE Protein Sugar Acetone		
WEIGHT kg.		

78/CA.2/1

IN-PATIENT FOLLOW-UP AND OUT-PATIENT NOTES

Affix Label or Enter in Block Letters Full Name Date of Birth Unit No. Ward/Dept. Address Consultant

[redacted]
Patient 65

NOTES

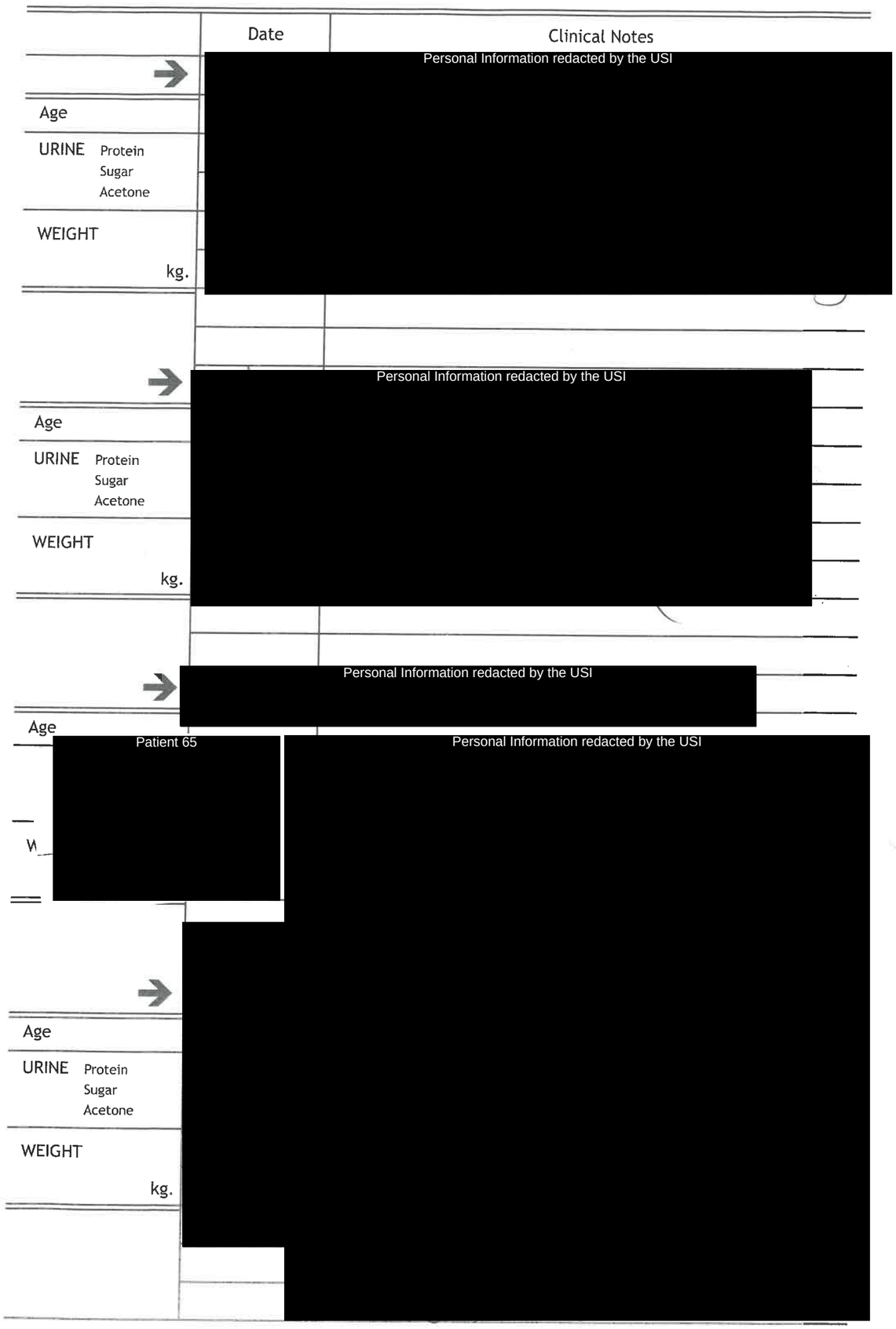
When used for In-patient follow-up ignore left-hand column

Out-Patient Use Only	Date	Clinical Notes

[redacted]
Personal Information redacted by the USI

30723

Received from Dr Maria O'Kane on 29/03/22. Annotated by the Urology Services Inquiry.



Received from Dr Maria O'Kane on 29/03/22. Annotated by the Urology Services Inquiry.

HSS TRUST _____ | GP PRACTICE or other _____

Hospital Unit _____ | Primary Care Provider _____

FORM 1 – CONSENT FOR EXAMINATION, TREATMENT OR CARE

Personal details (or pre-printed label)

[redacted] Patient 65

.....

.....

.....

lentifier) .....

.....

.....

Statement of healthcare professional

Responsible healthcare professional .....Job Title.....

Name of proposed procedure or course of treatment *(include side of body or site and brief explanation if medical term not clear)*

[redacted] Personal Information redacted by the USI

I have explained the procedure. In particular, I have explained:

.....

.....

The intended benefits .....

.....

.....

Serious or frequently occurring risks .....

.....

.....

Possible additional procedures which may become necessary during the procedure.

❑ Blood transfusion ❑ other procedure (please specify).....

This procedure will involve: ❑ general and/or regional anaesthesia ❑ local anaesthesia ❑ sedation

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment), any samples of tissue that may be taken and any particular concerns of this individual.

❑ The following leaflet/tape has been provided.....

[redacted] Personal Information redacted by the USI

Signed .....Date .....

[redacted] Personal Information redacted by the USI

Name **(Print)** .....Job Title .....

Contact details *(if patient wishes to discuss options later)* .....

Statement of interpreter (where appropriate)

I have interpreted the information above to the person giving consent to the best of my ability and in a way which I believe s/he can understand.

Signed .....Date .....

Name **(Print)** .....

Copy accepted by person giving consent Yes/No (please circle)

Statement of person giving consent

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed the form.

I agree to the procedure or course of treatment described on this form.

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 I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about possible additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

.....

.....

***I agree** that healthcare students, who will be supervised by healthcare professionals, may observe or assist in my care. * *You may remove this sentence without affecting your care.*

Signature [redacted] Patient 65 .....Date .....

Name **(Print)** .....

A witness should sign below if the person is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here (see notes)

Signature .....Date .....

Name **(Print)**.....

Confirmation of consent (to be completed by a healthcare professional when the person is admitted for the procedure, if s/he has signed the form in advance). I have confirmed that s/he has no further questions and wishes the procedure to go ahead.

Signature .....Date .....

Name **(Print)** .....Job Title .....

Important notes: (tick if applicable)

☐ **See also advance directive/living will (eg Jehovah's Witness form)**

☐ **Person has withdrawn consent** .....Date.....

(ask person to sign/date here)

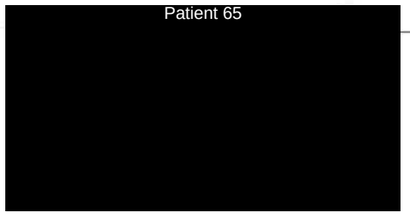
Southern Health and Social Care Trust

Location		
CAH	STH	DHH

Nursing Care Plan

For

Patients undergoing Minor Procedures Under Local Anaesthetic



Consultant ..... DR Curry .....

Surgeon .....

Date of Admission .....

Name of Staff Signing in Booklet (Block Capitals)	Signature
NIKKI CLARKE	Personal Information redacted by the USI
N Tennyson	

Patient's Property

I have been advised to restrict to a minimum the amount of property, including cash, brought i hospital and to hand the Ward Sister/Nurse/Midwife in Charge as soon as possible any article wish to be kept in safe custody for which a receipt will be given.

I understand that I am responsible for **all** personal property brought into hospital.

I retain responsibility at all times for my personal properties, lost or damaged howsoever and not hold Craigavon Area Hospital Group Trust and its nominated officers liable in respect of, o damage to, personal property of any kind, in whatever way the loss or damage may occur.

Signed ..... Patient 65 ..... (Patient/Relative)

Please state reason where form not completed by patient (to be completed by nurse/midwife):

Witness ..... Personal Information redacted by the USI ..... (Nurse/Midwife)

Ward ..... DSU .....

Patients Hospital Number.....

Date ..... 5/5/17 .....

Patient 65 [redacted]

ADMISSION DETAILS

Date ..... [redacted]

Patient's Preferred Nam [redacted]

Proposed Operation ... [redacted]

.....

	Yes	No	Specify
Introduce Self to Patient	✓		
Orientated to Unit	✓		
Sequence of Events Explained	✓		
Encourage patient to express anxieties	✓		
Med [redacted]			
Alle [redacted]			
Comments/Evaluation			

Have you ever been notified that you are at risk of CJD or vCJD for public health purposes? **Yes ( ) No (✓)**

If yes to this question – CJD risk assessment initiated.

P [redacted]

Hearing: Good ☑ Partial ☐ Deaf ☐ Hearing Aid ☐

Sight: Good ☑ Partial ☐ Blind ☐ Glasses ☐

Contact Lenses ☐

[redacted]

Temperature .. [redacted]

Weight ..... [redacted]

Specific Anxieties .....

.....

[redacted]

Designation [redacted]

PATIENT IDENTIFICATION CHECKLIST

Approximate time of last food/fluids ..... 12MD 5/5/17 .....

	Yes	No	Comment
Identification Bracelet in Situ			
Dentures/Crowns			
Loose Teeth			
Prosthesis			
Hair Accessories			
Jewellery			
Hospital Notes Available			
Consent Form Completed			
Operation Site Marked			
Operation Site Prepared			

Personal Information redacted by the USI

Personal Information redacted by the USI

DIGNITY

- Maintain Patient's Dignity
- Expose only as necessary

Comments/Evaluation .....

.....

MAINTAINING A SAFE ENVIRONMENT

- **Sterility** – Ensure this is maintained throughout surgery
- **Communication** – Explain procedures and stay with patient at all times throughout surgery

ANAESTHESIA

Personal Information redacted by the USI

SPECIMENS

Pathology ☐ Bacteriology ☐ Other ☐ Please specify .....

..... Recorded: Yes ☐ No ☐

Buffered Formaldehyde: Batch No ..... Expiry Date .....

Designation Personal Information redacted by the USI

Received from Dr Maria O'Kane on 29/03/22. Annotated by the Urology Services Inquiry.

SWAB COUNT RECORD				
Ray-Tec Swabs (10 x 7.5cm)				
Swabs				
Issued by				
Counted down by				
ATRAUMATIC NEEDLES				
Number Given				
Issued by				
BLADES				
Number Given				
Issued by				
HYPODERMIC NEEDLES				
Number Given				
Issued by				

Personal Information redacted by the USI

Others .....

Diathermy

Diathermy used: Yes ☐ No ☒ Bi-Polar ☐ Monopolar ☐

- Prevent injury to patient when diathermy is used
- Apply diathermy pad appropriately
- Ensure patient's skin is not in contact with metal
- Avoid pooling of excess prep solution

Diathermy Pad Site

.....

Comments/Evaluation .....

Swabs, Needles, Instruments & Blades Correct		
Counted and Checked	Scrubbed Nurse	Runner
Pre-Operative		Personal Information redacted by the USI
Cavity Closure		
End of Procedure		

WOUND

Sutures: Type ..... Number .....

Dressing: Type .....

Signature of Nurse .....

Personal Information redacted by the USI

Designation

OPERATION NOTES

[redacted]

Procedure Performed..... [redacted]

Findings & Procedure.........

[redacted]

Signature of Surgeon.........

DISCHARGE ASSESSMENT			
	Yes	No	Comment
Light diet tolerated			
Advice given re aftercare	✓		
Wound			
District Nurse for Day 1			
Supplies given to Patient			
Sutures to be removed on			
Practice Nurse Referral			
Pain Score (0-3)			

GP Letter: Sent in Post ☐ Given to Patient ☐

Personal Information redacted by the USI

Discharge from Unit at 15.10 Escorted by Carer

Patient's telephone number .....

Comments .....

[redacted]

.....

.....

Personal Information redacted by the USI

Signature of Nurse .....

Personal Information redacted by the USI

[redacted]

Personal Information redacted by the USI

Received from Dr Maria O'Kane on 29/03/22. Annotated by the Urology Services Inquiry.

Southern Health and Social Care Trust

Quality Care - for you, with you

SHSCT Endoscopy Safety Checklist

Time Out (To be read Aloud) **Before Commencement of Procedure (with Team Leader & Endoscopist- STOP all actions)**	Sign Out (To be Read aloud) **Before Patient leaves Procedure Room**
Team introduction carried out Yes □ Patient's identity, procedure, consent & co-morbidities confirmed with Endoscopist? Yes □ Has all equipment used on the previous patient been removed from endoscopy room? Yes □	Specimen pots and pathology forms are correctly labelled (2 Nurses read specimen labels aloud, including patient name) Yes □ N/A □
Correct endoscope and all anticipated equipment needs available? Yes □ Has the correct endoscope been tracked to the correct patient? Yes □ Oxygen, suction, monitoring equipment & drugs available and checked? Yes □ Has Essential Imaging been reviewed All IRMER requirements met Yes □ N/A □	**Nurse Verbally Confirms with Endoscopist:** Any equipment problems to be addressed? Yes □ N/A □ Any complications during the procedure Yes □ N/A □ Recovery instructions documented in Endoscopy Care Pathway Yes □ N/A □ Follow up plans recorded in Endoscopy Report Yes □ N/A □ Recommencement of medication recorded on Unisoft report Yes □ N/A □
Confirmation of patient preference for sedation MA Yes □ Does the patient have a known allergy? Yes □ No □ Record of Last LMP Yes □ N/A □ Other hazard? E.g. MRSA/CJD Yes □ No □ Confirm any other risks e.g. Antiplatelets □ Anticoagulants □ Recent INR □ Is Antibiotic prophylaxis required? E.g. PEG insertion Yes □ No □	Patient 65 [redacted]
Emergency Bleeding Trolley available & fully stocked? Yes □ No □	Procedure: flexible Cystoscopy.
Confirm late start /reason for delay with medical staff and record on TMS? Yes □ N/A □	
SIGNATURE: Personal Information redacted by the USI NAME: [redacted] DATE: 5/5/17	SIGNATURE: Personal Information redacted by the USI NAME: [redacted] DATE: 5/5/17.

SHSCT Endoscopy Safety Checklist (January 2017 v0.8)

Received from Dr Maria O'Kane on 29/03/22. Annotated by the Urology Services Inquiry.

78/CA.2/1

IN-PATIENT FOLLOW-UP AND OUT-PATIENT NOTES

Affix Label or Enter in Block Letters
Full Name
Date of Birth
Unit No.
Ward/Dept.
Address
Consultant

NOTES

When used for In-patient follow-up ignore left-hand column

Out-Patient Use Only	Date	Clinical Notes
→		
Age		
URINE Protein		
Sugar		
Acetone		
WEIGHT		
kg.		
→		
Age		
URINE Protein		
Sugar		
Acetone		
WEIGHT		
kg.		
→		
Age		
URINE Protein		
Sugar		
Acetone		
WEIGHT		
kg.		

Personal Information redacted by the USI

LPC 03/08/021

Received from Dr Maria O'Kane on 29/03/22. Annotated by the Urology Services Inquiry.

MR48 GP Referral Letter

Referral to CAH Hospital Date 27.08.13

Consultant Department Urology

Please arrange: **Emergency admission** ☐ **Appointment for OPD:** *Urgent* ☐ *Routine* ☐

Health and Care Number [redacted] Postcode [redacted]

Mr/Mrs/Miss/Other [redacted] Surname [redacted]

Forenames [redacted]

Address [redacted]

Date of Birth [redacted]

Home Tel No. [redacted]

Mobile No.

Hospital No.

Reason for Referral/ History/ Examination/ Relevant Investigations:

[redacted]

Provi

Past

Present Medication: See table ☐ See attached print-out ☐ None ☐ Unknown ☐

NAME, FORMULATION, DOSE AND FREQUENCY	NAME, FORMULATION, DOSE AND FREQUENCY
1. [redacted]	
2.	
3.	
4.	9.
5.	10.

Triaged by:
Urgent ☐ Routine ☑
Cons Clinic ☐
ICATS ☐
GP wSI ☐
LUTS ☑
Prostate ☐
Haematuria ☐
Urodynamics ☐
Stone Service ☐
Andrology ☐
Oncology ☐
Female Urology ☐

Dr Anthony Glackin
GMC: 4352061

Allergies / Drug Sensitivities

No Known Allergies ☐

DRUG (GENERIC) / ALLERGEN	TYPE OF REACTION

Other relevant information: [redacted]

STAMP

Doctors Signature... [redacted] ..... (Cypher No.) [redacted] .....

DOCTOR'S OR PRACTICE STAMP [redacted]

LPC 10/91/113

Received from Dr Maria O'Kane on 29/03/22. Annotated by the Urology Services Inquiry.

Thorndale Clinic

Patient 29

[redacted]

Personal Information redacted by the USI

[redacted]

Signature

Personal Information redacted by the USI

[redacted]

10/2/14

Received from Dr Maria O'Kane on 29/03/22. Annotated by the Urology Services Inquiry.

Patient 29 [redacted]

Date: 10-2-14

AL PROSTATE SYMPTOM SCORE (IPSS)

	Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always
er the past month, how often ave you had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	(5)
2. Over the past month, how often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	(5)
3. Over the past month, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	(5)
4. Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	(5)
5. Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	(5)
6. Over the past month, how often have you had to push or strain to begin urination?	(0)	1	2	3	4	5
7. Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?	None	1 time	2 times	3 times	4 times	5 or more times
	0	1	2	3	4	5
				Total IPSS Score =		35

o find your IPSS score, combine the sum of your answers for questions 1–7.
a score of 0–7 indicates **mild** symptoms, 8–19 indicates **moderate** symptoms, 20–35 indicates **severe** symptoms

QUALITY OF LIFE DUE TO URINARY SYMPTOMS

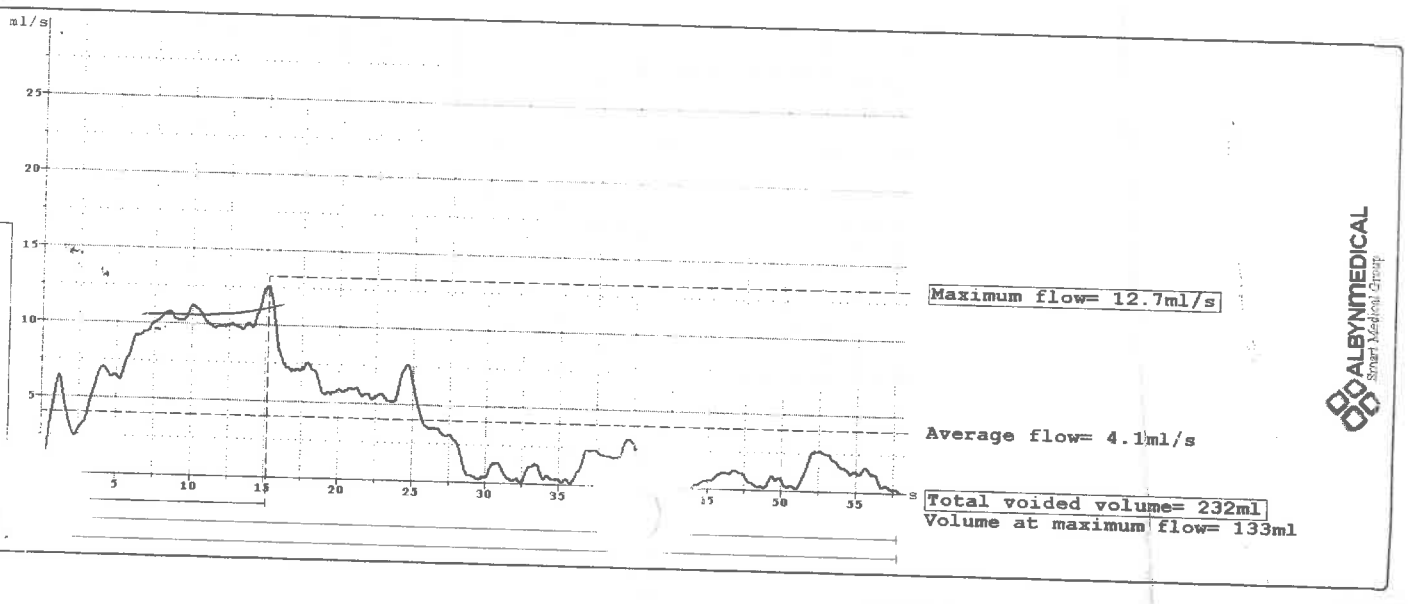
	Delighted	Pleased	Mostly satisfied	Mixed about equally satisfied and dissatisfied	Mostly dissatisfied	Unhappy	Terrible
							√
8. If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	0	1	2	3	4	5	√ 6
			Quality of Life assessment index =				12

If you notice worsening in symptoms, please consult your GP

November 2010 UK/IBQ/0858a/10 **Prepared by GlaxoSmithKline** 27319210

Mict
Fami
Firs
Age:
Date
Time
Com

Patient 29



SmartFlow

Time to maximum flow= 15.
Flow time= 56.
Voiding time= 57.8.

Patient 29 [redacted]

Test date 10-02-14
Time
Operator Ami
Test number
Color Not Ent
Clarity Not Ent

GLU Negative
BIL Negative
KET Negative
SG 1.015
BLO Negative
pH 7.0
PRO Negative
URO 0.2 E.U./dL
NIT Negative
LEU Negative

Received from Dr Maria O'Kane on 29/03/22. Annotated by the Urology Services Inquiry.

78/CA.2/1

IN-PATIENT FOLLOW-UP AND OUT-PATIENT NOTES

Affix Label or Enter in Block Letters
Full Name
Date of Birth
Unit No.
Ward/Dept.
Address
Consultant

[redacted]
Patient 29

NOTES

When used for In-patient follow-up ignore left-hand column

Out-Patient Use Only	Dat[redacted]
→	
Age	
URINE Protein	
Sugar	
Acetone	
WEIGHT	
kg.	
→	
Age	
URINE Protein	
Sugar	
Acetone	
WEIGHT	
kg.	
→	
Age	
URINE Protein	
Sugar	
Acetone	
WEIGHT	
kg.	

Personal Information redacted by the USI

LPC 03/08/021

Received from Dr Maria O'Kane on 29/03/22. Annotated by the Urology Services Inquiry.

Southern Health and Social Care Trust

UROLOGY DEPARTMENT
MR K SURESH
CONSULTANT UROLOGIST

Personal Information redacted by the USI

Dear DR Personal Information redacted by the USI

Re: Name: Patient 29
D.O.B:
Address: Personal Information redacted by the USI
Hospital No: Personal Information redacted by the USI **H&C No:** Personal Information redacted by the USI

[redacted]

Thanking you.

Yours sincerely,

Mr K. Suresh MS, FRCS, FRCS (Urol)
Consultant Urologist

Date Dictated: 05/03/14	Date Typed: 07/03/14-NE

CRAIGAVON AREA HOSPITAL, 68 LURGAN ROAD, PORTADOWN, BT63 5QQ
Secretary: Mrs Noleen Elliott **Telephone:** Personal Information redacted by the USI
E-mail: Personal Information redacted by the USI

Received from Dr Maria O'Kane on 29/03/22. Annotated by the Urology Services Inquiry.

HSC Southern Health and Social Care Trust

Quality Care - for you, with you

SHSCT Endoscopy Safety Checklist

Team introduction

Team introduction carried out ☐

Has Patient confirmed his/her identity, procedure and consent with Endoscopist?
Yes ☐
No ☐

Is Oxygen, suction, diathermy& drugs available and checked? ☐
Has Essential Imaging been reviewed Yes ☐ No ☐ N/A ☐
Are all IRMER requirements met Yes ☐ No ☐ N/A ☐

Does the patient have a known allergy?
Yes ☐ No ☐

Difficult airway or Aspiration risk?
Yes ☐ No ☐
Equipment available if an event occurs? ☐

Risk of ≥ 500ml Blood Loss
Yes ☐ 2 IVs & Fluids planned
No ☐

Record of Last LMP
Yes ☐ No ☐

Other hazard? E.g. MRSA
Yes ☐ No ☐

Personal Information redacted by the USI

SIGNATURE:
NAME:
DATE: 5/3/14

Before Commencement of Procedure
(with Nurse & Endoscopist- STOP all actions)

Do all team members know each other? ☐

Confirm late start /reason for delay with medical staff and record on TMS? Y / N N/A

Confirm patients name & Procedure? ☐
Confirm any allergies? ☐
Confirm any other risks e.g. INR ☐

ANTICIPATED EQUIPMENT NEEDS

Biopsy Forceps ☐
Snares (Hot & Cold) ☐
Rothnet/Grasper ☐
Polyp trap ☐
Injector Needles ☐
Tattoo ☐
Clo-Test ☐
Resolution Clips ☐
APC / Gold Probe ☐
Specimen pots ☐
Diathermy pads ☐

available

Is the 'Emergency Bleeding' Box available & fully stocked?
Yes ☐ No ☐

Is Antibiotic prophylaxis required? E.g. PEG insertion
Yes ☐ No ☐

Has VTE prophylaxis been undertaken? E.g. (Clexane/TED/Compression devices?
Yes ☐ N/A ☐

Personal Information redacted by the USI

SIGNATURE:
NAME:
DATE: 5/3/14

Before Patient leaves Procedure Room
(With Nurse & Endoscopist)

Nurse Verbally Confirms:
The name of the procedure:
Specimen labelling (read specimen labels aloud, including patient name) Yes ☐ **No** ☐

Any equipment problems to be addressed? Yes ☐ **No** ☐

What are the key concerns for Recovery and Management of this patient?

No concerns

Patient 29

Unit number:
Procedure: Possible Cystoscopy

Personal Information redacted by the USI

SIGNATURE:
NAME:
DATE: 5/3/14

HSS TRUST _____ | GP PRACTICE or other _____

Hospital Unit _____ | Primary Care Provider _____

FORM 1 - CONSENT FOR EXAMINATION, TREATMENT OR CARE

Personal details (or pre-printed label)

Surname/family name .....

First names .....

Date of Birth .....

❑ Male ❑ Female H+C No. (or other identifier) .....

Special requirements (language or other) .....

.....

[redacted] Patient 29

Statement of healthcare professional

Responsible healthcare professional ..... Job Title .....

Name of proposed procedure or course of treatment *(include side of body or site and brief explanation if medical term not clear)*

[redacted] Personal Information redacted by the USI

I have explained the procedure. In particular, I have explained:

The intended benefits .....

Serious or frequently occurring risks [redacted] Personal Information redacted by the USI

Possible additional procedures which may become necessary during the procedure.

❑ Blood transfusion ❑ other procedure (please specify) .....

This procedure will involve: ❑ general and/or regional anaesthesia ❑ local anaesthesia ❑ sedation

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment), any samples of tissue that may be taken and any particular concerns of this individual.

❑ The following leaflet/tape has been provided .....

Signed..... [redacted] Personal Information redacted by the USI Date .....

Name **(Print)** ..... Job Title .....

Contact details *(if patient wishes to discuss options later)* .....

Statement of interpreter (where appropriate)

I have interpreted the information above to the person giving consent to the best of my ability and in a way which I believe s/he can understand.

Signed ..... Date .....

Name (Print) .....

Copy accepted by person giving consent Yes / No (please circle)

Statement of person giving consent

Please read this form carefully. It your treatment has been planned in advance, you should already have your own copy which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed the form.

I agree to the procedure or course of treatment described on this form.

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 I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in additional to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about possible additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

.....

.....

*** I agree** that healthcare students, who will be supervised by healthcare professionals, may observe or assist in my [redacted] Patient 29 *nce without affecting your care.*

Signature ..... Date 8/3/17

Name **(Print)** .....

A witness should sign below if the person is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here (see notes)

Signature ..... Date .....

Name **(Print)** .....

Confirmation of consent (to be completed by a healthcare professional when the person is admitted for the procedure, if s/he has signed the form in advance). I have confirmed that s/he has no further questions and wishes the procedure to go ahead.

Signature ..... Date .....

Name **(Print)** ..... Job Title .....

Important notes: (tick if applicable)

☐ **See also advance directive/living will (eg Jehovah's Witness form)**

☐ **Person has withdrawn consent** ..... Date .....

(ask person to sign/date here)

	Date	Clinical Notes
Age		
URINE Protein		
Sugar		
Acetone		
WEIGHT		
kg.		
→		
Age		
URINE Protein		
Sugar		
Acetone		
WEIGHT		
kg.		
→		
Age		
URINE Protein		
Sugar		
Acetone		
WEIGHT		
kg.		
→		
Age		
URINE Protein		
Sugar		
Acetone		
WEIGHT		
kg.		

Patient 29 [redacted]

Personal Information redacted by the USI [redacted]

Personal Information redacted by the USI [redacted]

Received from Dr Maria O'Kane on 29/03/22. Annotated by the Urology Services Inquiry.

Southern Health and Social Care Trust

URODYNAMIC CLINIC

Patient 29

[redacted]

Date: 9-1-15

Consultant: MR Suresh / MR O'Donoghue

Urodynamic Staff: M. Leonard
D. Campbell

Allergy: none known *Check allergy to latex* no

Urodynamics explained and consent obtained (Yes) / No

Past medical history / Medications:

Personal Information redacted by the USI

[redacted]

Personal Information redacted by the USI

Filling /Voiding Cystometry:

Filling position: Standing ☑ Seated ☐ Lying ☐
Filling rate: 30 mls / min. Filling Fluid: 0.9% Sodiu

UPP: mucp: cms/h20

Outcome of Urodynamic Studies:

Personal Information redacted by the USI

Signature/s: