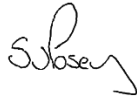


TRUST POLICY AND PROCEDURES FOR PATIENT INFORMATION

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	8	September 2017	A Miller & E Fletcher	Change due to service change
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TRUST POLICY AND PROCEDURES FOR PATIENT PUBLICATIONS

1 Introduction

Patient information is defined as any internally produced publication for patients, carers, parents and visitors to the Trust about conditions and procedures, or the specialties they will be attending. The written information given to patients supports the care that the Trust provides as it reflects and confirms the verbal information previously discussed by the medical and nursing staff.

The Patient Publications Service aims to ensure that all written patient information produced across the Trust is of a consistently high standard which reflects the professional image of the Trust.

The Patient Publications Service offers an advisory service to help staff write information. The Patient Publications Service is a point of contact for the production of patient information Trust wide, with a dedicated central budget, policy and standards.

This policy applies in all circumstances where internally produced patient publications are provided. All publications must be produced through liaison with the Patient Publications Service.

2 Purpose and outcomes

The purpose of this policy is to ensure that patient information written by staff and provided to patients (both in paper and digital form) consistently meets a high standard, is up-to-date, relevant and accurate, and is available at the appropriate time in an appropriate format.

This policy is underpinned by the principles of treatment with consent which requires the Trust to have approved documentation which describes the process for developing patient publications associated with care, treatments and procedures, and monitors the compliance with the required criteria.

The outcome of the policy is:

- To ensure that the correct information is passed to patients and visitors, in Trust agreed content and form, and therefore reducing the likelihood of patients and visitors misunderstanding the treatment and care they receive.
- To ensure that archiving arrangements are available and are monitored and recorded.
- To ensure that where monitoring identifies deficiencies, action plans and changes are implemented where relevant.

3 Definitions used

Patient/User Patients, relatives, carers, visitors, the general public, the media and external agencies.

Patient Publications Internally produced publications for patients containing information about medical conditions, procedures, therapies, treatments and departments. This policy does not relate to appointment letters or cards, health records (medical or nursing), consent forms, patient progress/condition forms, newsletters or business cards.

Authors The relevant health professionals responsible for commissioning and reviewing patient publications.

Database of Titles A comprehensive reference guide of all patient publications produced by Patient Publications Service; which details authorship/contact person, version information, printing history, distribution methods and Trust Procedural Publications compliance. It is available on Net-i and is updated regularly.

Patient Publications Service / Gatekeeper The Patient Publications Service offers an advisory service to help staff write information. It is a point of contact for the production of patient information Trust wide, with a dedicated central budget, policy and standards.

Responsible for liaising with clinicians, health professionals, publishing and co-ordinating reviews of information on the website. Facilitate the process for updating existing and developing new publications.

4 Key responsibilities/duties

4.1 Patient Publications Service

To ensure that patient publications written by staff and provided to patients (both in paper and digital form) consistently meet a high standard, and are available at the appropriate time in an appropriate format.

To ensure that the Trust Procedural Publications criteria is met and compliance is monitored.

4.2 Patient Publication Authors

Authors are responsible for ensuring that patient publications under their authorship are up-to-date, relevant, accurate and meet agreed standards and processes as set out in this policy. Publications should be reviewed at a minimum of 3 yearly intervals or every time publications are re-ordered – whichever comes first.

4.3 Trust Specialties/Departments

Staff are responsible for ensuring that where written information regarding treatments and care is available, it is given to patients and documented in the appropriate form e.g. patient's consent form, health records.

All patient information produced within departments (before acceptance through the Patient Publications Service) must follow the agreed standards and show the date of production and version number. Upon updating, previous versions will be archived within the author's department.

5 Producing and providing patient information publications

5.1 Process for the development of patient publications

Advice regarding any aspect of producing patient publications can be obtained from the Patient Publications Service. Details regarding the [Patient Publications Service](#) can be found on Net-i.

Where English is not the receiver's first language, staff should seek assistance from the Interpreting Service (see Section 7 Translations).

In all instances preference will be given to communicating information directly to the patient and thereafter (with the patient's consent whenever possible), to relatives and carers.

Where written patient publications are provided the agreed standards on content and design must be observed (see Appendix 8).

Each separate patient publication is produced via the Patient Publications Service and will include details of version number, copyright statement and will be coded and catalogued to ensure an accurate Database of Patient Publications Titles (commonly referred to as Database of Titles).

Patient publications should contain a contact number for the relevant department/specialty, or refer the patient to their appointment letter for details of their site specific department/specialty.

Patient publications should contain any relevant local/national support and advice associations, as appropriate.

Where clinical practice allows there will be definitive patient publication for each clinical procedure, specialty, irrespective of multi divisional/specialty/site use. The only exception to this is to provide paediatric or Easy Read/alternative format publications in appropriate diction.

The [Database of Titles](#) (available on Net-i) must be consulted in the first instance when searching for available (live) publications.

5.2 List of essential content

The Patient Publications Service has produced approved standards regarding the content of patient publications. These can be found in the Appendix and also on [Net-i](#).

Generally, patient publications must contain:

- Title
- Local contact number for the relevant department/specialty, or refer the patient to their appointment letter for details of their site specific department/specialty.
- Date of production
- Version
- Copyright

To ensure that the patients are fully informed of the procedure/treatment before consent is taken, procedural patient publications must also include details of the:

- *Risk(s)
- *Benefit(s)
- *Alternative(s) - including the option of not having the procedure and any consequences

*The degree of disclosure to be included will be determined by the lead clinician. Information should be evidence based and referenced accordingly.

The Trust name, logo, and website are integral to the design of publications produced by the Patient Publications Service.

5.3 Developing new patient publications

All publications produced by the Patient Publications Service must contain the essential content. The content must be agreed by the relevant professionals e.g. lead clinician and all areas using the publication.

Authors are encouraged to seek patient and/or public feedback. This can be via e.g. Readers' Panel (contact the Patient Experience Team), informal discussions, questionnaires or focus groups.

Where clinical practice allows there will be definitive patient publication for each clinical procedure, specialty, irrespective of multi divisional/specialty/site use. Paediatric versions, Easy Read and alternative formats are exceptions.

Staff must consult the [Database of Titles](#) (on Net-i) in the first instance to ascertain whether information is already available.

5.4 Requesting a new publication

- Write the publication following [Patient information standards](#) as applicable (see Appendix 1, 2 & 3 or Net-i).
- Collate any images you want to use
- Ensure the text and images have been approved for use
- Complete a [New publication request form](#) (see Net-i)
- Email the above to uhdb.pipublications@nhs.net

The Production Process is shown in the Appendix 4 and on [Net-i](#).

5.5 Developing, reviewing and amending existing publications (reprints)

Authors are responsible for reviewing their publications at a minimum of 3 yearly intervals or if a publication is printed by the Patient Publications Service, every time it is re-ordered – whichever comes first. This ensures that they are still up-to-date, relevant and accurate.

All revised publications regarding procedures/treatments must still include the essential content and be agreed by the relevant senior professionals e.g. lead clinician and all areas using the publication.

When reviewing publications, authors are encouraged to seek patient and/or public feedback. This can be via e.g. Readers' Panel (contact the Patient Experience Team), informal discussions, questionnaires or focus groups.

If amendments are needed, authors should email the [Reprint change/request form](#) (Appendix 7 and Net-i) and the amendments to uhdb.pipublications@nhs.net.

If making changes to a publication do not use 'track changes'. If track changes are received, the publication will be returned to you. Track changes can remain in a document and can be inadvertently printed.

The Production Process is shown in the Appendix 4.

5.6 Providing information to patients (obtaining copies)

Check the [Database of Titles](#) (on Net-i) to ascertain if the required publication(s) can be printed off as needed (self-serve) or the Patient Publications Service can provide printed copies.

- **Digital publications**

To ensure that patients have access to publications digitally they are available on the Trust website (if deemed clinically appropriate). Publications can be found under the respective [Patient information leaflet](#) pages and where applicable on specific department pages of the website.

In the first instance it is recommended that a patient is signposted to the publication on the website (if the publication has been deemed suitable for the website). The patient can then view/download it to their electronic device and print it off if they wish. This is rather than automatically giving patients printed copies. For information about publications on the Trust website and Net-i see 5.7

Patients can be given a printed copy if they are unable to/choose not to access publications digitally using an electronic device, or if the publication has been deemed unsuitable for the website.

Some publications are also available via the online Patient Portal.

- **Self-serve publications**

Self-serve publications are identified on the [Database of Titles](#) Publications are available on Net-i to print off - see 5.8 for information.

Publications must not be saved to a server or desktop as patients may be given the wrong version, which could impact on consent for a procedure. Procedural leaflets are legal documents and it is your responsibility to ensure the correct version is provided.

Before printing, look on the [Database of Titles](#) to check if a publication is being amended.

- **Publications which Patient Publications Service provide printed copies of**

To order more copies (reprints), authors must complete and email a [Reprint change/request form](#) (Appendix 7 and Net-i) to uhdb.pipublications@nhs.net.

To calculate how many copies are required, authors should refer to the [Database of Titles](#) for information regarding previous orders and versions. Quantities should be for all areas across the Trust who use that publication, based on 1 copy per patient over 12 months. The Patient Publications Service need an exact number of copies and cannot order 'a box'.

Authors must confirm via the [Reprint change/request form](#) that the publication(s) have been fully reviewed by the relevant senior professionals e.g. consultant, lead clinician, and are accurate and up-to-date. If amendments are required, see 5.5.

5.7 Patient publications on Net-i and the Trust website

Publications are available under the respective [Patient leaflet pages on Net-i](#) and where deemed clinically appropriate on the [Trust website](#). Where applicable, publications may also be made available on specific department pages of Net-i and the website.

The [Database of Titles](#) (on Net-i) states which publications are available on the Trust website and Net-i. It also details the publication's URL as applicable.

The Patient Publications Service acts as gatekeeper for all patient publications on the website. They are responsible for publishing and co-ordinating reviews of information on the website and Net-i.

The Patient Publications Service will publish patient publications produced by the service to the website and Net-i upon agreement with the listed author. Areas must not publish these publications themselves.

Areas/individuals must not publish or request other documents to be made available on the [Patient leaflet](#) pages without the permission of the Patient Publications Service.

All publications published by the Service must be in PDF format (to ensure it cannot be altered by users).

All patient publications published on the Trust website and Net-i must be an exact copy (content and design) of approved live version and will be updated accordingly by the Patient Publications.

Copyright on all Patient Publications Service publications published (including on externally designed web pages) remains the property of the Trust.

5.8 Archiving previous versions of patient publications

Whenever a publication is amended a new version will be produced. A copy of the previous version will be archived by the Patient Publications Service. The [Database of Titles](#) (on Net-i) details the history of all versions published.

Authors and departments must ensure that all previous versions are destroyed and not given to patients.

All patient information produced within departments (before production through the Patient Publications Service) must show the date of production and version number. Upon updating, it is the author's responsibility to ensure all previous versions are archived within their department and available for audit.

6 Hybrid Mail

If publications are printed via Hybrid Mail (Synertec) a specific production process must be followed.

7 Translations

If a Patient Publication requires translation in the first instance contact the Patient Publications Service or the Interpreter Service for advice. Departments need to fund their own translations.

8 Monitoring compliance and effectiveness

8.1 Monitoring requirements

1. Compliance of the minimum criteria and essential content for each procedural publication:
 - risks
 - benefits
 - alternatives
2. All publications will be monitored via the [Database of Titles](#) to ensure that they are reviewed at a minimum of 3 yearly intervals or if a publication is printed by the Patient Publications Service, every time it is re-ordered – whichever comes first.
3. Compliance with the archiving arrangements and monitoring which publications have recently been archived.

8.2 Monitoring method

The Patient Publications Service will monitor compliance of the above via the [Database of Titles](#) and where deficiencies are identified they are documented and action plans developed with the author to implement change(s).

Authors are able to access the [Database of Titles](#) to check their own publications' compliance.

9 References and resources

- UHDB Consent and the Mental Capacity Act POL-CL/1903/02
- Care Quality Commission Equality Objectives 2019-2021 (Objective 2)
- Care Quality Commission 'Our human rights approach for how we regulate health and social care services' February 2019
- Accessible Information Standard 2017
- NHS Identity Guidelines <https://www.england.nhs.uk/nhsidentity/identity-guidelines/>
- Patient Information Forum: <https://pifonline.org.uk/resources/>
- NHS Digital service manual <https://service-manual.nhs.uk/>
<https://service-manual.nhs.uk/content/how-we-write>
<https://service-manual.nhs.uk/content/a-to-z-of-nhs-health-writing>
- Discern <http://www.discern.org.uk/>
- Plain English Campaign <http://www.plainenglish.co.uk/>
- Kings Fund 'Producing patient information: How to research, develop and produce effective information resources' (revised 2003)

Patient Publications Service

**Procedural Specific Information Standards and
Agreed Text Format**

Title

What is a _____ and why do I need this operation / procedure / treatment?

What are the benefits of having a _____?

What are the risks, consequences and alternatives associated with having a _____?

Most operations are straightforward, however as with any surgical procedure there is a small chance of side-effects or complications such as:

- _____
- _____

You may require a blood transfusion during/following the operation. - *add if applicable*

If you are concerned about any of these risks, or have any further queries, please speak to your consultant.

Alternatives (*complete either option 1 or option 2*)

Option 1

Your consultant has recommended this procedure/treatment as being the best option.

However, the alternative(s) to this procedure/treatment are _____. There is also the option of not receiving any treatment at all. The consequences of not receiving any treatment are _____.

If you would like more information please speak to your consultant or one of the nurses caring for you.

OR

Option 2

Your consultant has recommended this procedure/treatment as being the best option.

There are no alternative procedures/treatments available. However, there is always the option of not receiving any treatment at all. The consequences of not receiving any treatment are _____.

If you would like more information please speak to your consultant or one of the nurses caring for you.

Getting ready for the operation/procedure/treatment

Pre-operative Assessment Clinic appointment

You will be asked to attend the Pre-operative Assessment Clinic. A nurse will discuss the operation with you. You may need to undergo some routine tests before your operation eg. heart trace (ECG), x-ray, blood test.

You will be asked some routine questions about your general health, the medicines you take at the moment and any allergies you have.

For a time before certain types of anaesthetic you will need to stop eating, drinking and chewing gum. This will be explained to you and you may also be given a booklet about this. If you have any questions please contact the hospital - telephone number on your admission letter.

You will be asked to sign a consent form to say that you understand what you have come into hospital for and what the operation involves.

You will be asked to have a bath or shower before coming into hospital (if possible).

OR

You will be asked to have a bath or shower before your operation. The nursing staff can help you if necessary.

Stopping smoking

Smoking greatly increases the risk of complications during and after surgery. The sooner you stop the better. Even a few days before your operation can help to improve healing and recovery afterwards. For help and advice contact your GP.

On admission

When you arrive on the ward/unit you will be introduced to the staff and shown to your bed. Your details (name, date of birth etc) will be checked on a number of occasions before the operation. This is normal practice and is for your safety. You will be given an operation gown and a wristband to wear.

If the area of surgery is particularly hairy, the nursing staff will clip it using specialised clippers (so as to not cut or damage the area before your operation). Please do not shave the area yourself.

A nurse or porter will take you on a trolley to the anaesthetic room.

Miscellaneous - to be completed as necessary

What sort of anaesthetic will I have?

Your operation will be carried out under general anaesthetic, which means you will be asleep throughout. The anaesthetist will visit you before your operation and discuss the anaesthetic with you.

OR

Your operation will be carried out using local anaesthetic/regional anaesthetic. You may be offered a sedative to help you relax.

The anaesthetist will visit you before your operation and discuss the anaesthetic with you.

OR

You will not need an anaesthetic for this operation/procedure/treatment.

What should I expect after the operation/procedure/treatment?

When the operation is over, you will have your pulse, blood pressure, breathing and wounds checked regularly by a nurse.

It is usual to feel drowsy for several hours. You will be given oxygen through a facemask until you are more awake.

Anaesthetics can sometimes make people feel sick. The nurse may offer you an injection if the sick feeling does not go away, this will help to settle it.

You will have a drip running into a vein in your arm/hand until you are eating and drinking again.

Dressings (bandages/stitches)

Your wound will have staples (metal clips) or stitches to keep it together while it heals. These will be removed in _____ days. You will have a dressing/large plaster covering your wound.

Wound drain

You may have a drain (a thin tube) coming from your wound. This drains any excess blood and fluid from your operation into a bag. This will be removed _____ days after your operation.

Catheterisation

You may have a tube to empty your bladder for a few days/hours after your operation. The nursing staff can remove this easily.

Pain relief

If you experience pain it is important to tell the nurses who can give you painkillers to help.

PCA: You may have patient controlled analgesia, where you press a button and a machine gives you a small dose of a painkilling drug. This will be explained to you before your operation and is very safe and easy to use.

Epidural: this involves inserting a tube into your back before the operation by an anaesthetist and provides painkillers continuously.

Mobilising

Within the first few hours/days, you will be encouraged to get up and move around. It is important to mobilise as soon as possible after an operation to reduce the risk of blood clots.

Miscellaneous, e.g. loose clothing, bathing and showering

Going home

The operation will be performed as a day case, which means there will be no overnight stay.

OR

You will be in hospital for _____ day(s).

DISCHARGE INFORMATION AND AT HOME ADVICE

The following details will be completed as you leave hospital, and it is therefore important that you bring this sheet into hospital with you.

Wound care *to be completed as necessary*

Personal hygiene *to be completed as necessary*

Pain relief

It is usual to feel some pain after this operation. Take either the painkillers you were given from the hospital or a mild painkiller such as Paracetamol - follow the manufacturer's instructions and do not exceed the stated dose.

Care of catheter *to be completed as necessary*

Stitches

Nurse to complete as appropriate

- Your stitches will dissolve - you do not need to return to have them taken out
- Your stitches will need removing in _____ by the practice/district nurse
- Your stitches will need removing in _____ at your follow-up appointment

Time off work *to be completed as necessary*

Should it be required, the hospital will issue you with a Fit Note to cover your stay in hospital and the recognised recovery period. Any further certification (if necessary) should be obtained from your GP. Please note: you can also self certificate for the first 7 days off work.

Returning to normal activities *to be completed as necessary eg. sport, gardening, flying*

Driving

Do not drive until you can wear a seat belt comfortably and feel able to perform an emergency stop. Your insurance company may refuse to meet a claim if they feel you have driven too soon. It is also advisable to contact your insurance company with regards to cover following a general anaesthetic.

Miscellaneous, *to be completed as necessary eg. bowels, plaster cast, lifting*

Further/outpatient appointment(s)

Nurse to complete as appropriate

- No further appointment is necessary
- An appointment will be made for you for approximately _____ and if you are not given a date before you leave the hospital, it will be posted to you.

If you have any problems please contact your GP.

Useful contacts

References

If you have any queries, or require further information
please contact _____
on _____.

[\(to be completed by Patient Publications Service\)](#)

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Patient Publications Service

**Paediatric Procedural Specific Information Standards
and Agreed Text Format**

Advice for parents about

_____ (***TITLE OF SURGERY***)

What is _____ and why does my child/young person need this operation?

What are the benefits of my child/young person having a _____?

What are the risks, consequences and alternatives associated with my child/young person having this procedure?

Most operations are straightforward, however as with any surgical procedure there is a small chance of side-effects or complications such as:

If you are concerned about any of these risks, or have any further queries, please speak to your child/young person's consultant.

Alternatives (*complete either option 1 or option 2*)

Option 1

Your child's/young person's consultant has recommended this procedure/treatment as being the best option.

However, the alternative(s) to this procedure/treatment are _____.

There is also the option of your child/young person not receiving any treatment at all. The consequences of your child/young person not receiving any treatment are _____.

If you would like more information please speak to your child's/young person's consultant or one of the nurses caring for your child/young person.

OR

Option 2

Your child's/young person's consultant has recommended this procedure/treatment as being the best option.

There are no alternative procedures/treatments available. However, there is always the option of your child/young person not receiving any treatment at all. The consequences of your child/young person not receiving any treatment are _____.

If you would like more information please speak to your child's/young person's consultant or one of the nurses caring for your child/young person.

Getting ready for the operation

You will be informed of your child's/young person's pre-assessment appointment and date of surgery usually 2 - 3 weeks before the date of admission.

It is necessary to attend a pre-assessment appointment, (which is usually a week before the date of admission). This visit is necessary to ensure that your child/young person is prepared for theatre. Here you will be given information regarding the operation and admission. You will also have the opportunity to ask any questions whilst familiarising yourself and your child/young person with the hospital. Verbal and written fasting instructions will be given to you.

You will be asked to sign a form giving consent to your child's/young person's surgery at the outpatient appointment and to confirm consent on the day of the operation. The surgeon will give you opportunity at this time to ask any further questions.

If your child/young person feels unwell a few days before the operation, please telephone the Sunflower Ward (details are at the end of this information sheet).

What sort of anaesthetic will my child/young person be given?

When your child/young person comes in for their operation a consultant anaesthetist (who is a qualified medical doctor with specific specialist training in anaesthesia) will give the anaesthetic.

The anaesthetist will review your child's/young person's general health and discuss with you and your child/young person the anaesthetic care plan. If your child/young person has any specific problems please inform the anaesthetist at this stage. If you have any questions or concerns, please raise them with the anaesthetist.

Your child/young person will be given a local anaesthetic cream on the back of their hands in order to reduce much of the discomfort caused by the anaesthetic injection. Sometimes your child/young person may be sent off to sleep by encouraging him/her to breathe a mixture of gases instead of an injection. It usually takes a little longer but the breathing method is just as safe and very useful, particularly if your child/young person is very agitated about injections. You are always welcome to accompany your child/young person into the anaesthetic room while he/she is going off to sleep.

This paragraph only to be included where applicable:

In addition to the general anaesthetic the anaesthetist may sometimes choose to give your child/young person a **regional anaesthetic** for pain relief purposes. This involves an injection of local anaesthetic, which numbs a particular part of the body. The commonest regional anaesthetic involves an injection of local anaesthetic drug into the lower back (**Caudal Blocks**). This is usually done for operations involving the lower half of the body. It is a well-established and safe method of pain relief. If your child/young person has a Caudal Block he/she might initially be unable to feel fully from the waist down. Therefore your child/young person could be unsteady on his/her legs and will need to stay in bed for a while following the operation. However, your child/young person will be up and playing on the ward after a few hours and will be allowed to go home. The anaesthetist will discuss this more fully with you if your child/young person is having this additional type of anaesthetic.

Modern anaesthetics are very safe and after the operation your child/young person will wake up in the recovery room where a qualified member of staff will look after him/her. Once your child/young person has woken up sufficiently and is comfortable he/she will be brought back to the ward to be with you. Further painkillers will be given if required and, in most cases, your child/young person will be encouraged to drink as soon as he/she feels like it.

What to expect after the operation

Include information regarding the following headings as appropriate:

- Dressings (bandages / stitches)
- Pain relief on the ward
- Mobilising on the ward

Length of stay/ Going home

The operation will be performed as a day case, which means there will be no overnight stay

OR

Your child/young person will be in hospital for ___ days.

Miscellaneous, eg. loose clothing

DISCHARGE INFORMATION AND AT HOME ADVICE

The following information is a guide to help in the care and recovery of your child/young person after their operation.

Include information regarding the following headings as appropriate:

Wound care

Personal hygiene

Stitches

The stitches are usually soluble (they will dissolve on their own - taking up to one month) and your child/young person will not have to return to have them taken out. Please check (with the nursing staff) that this sort has been used, before your child/young person is discharged.

Outpatient appointment

An outpatient appointment will be arranged for _____ weeks/months after the operation.

Time off school/nursery and returning to normal activities

You are advised to keep your child/young person off school/nursery for _____ days/weeks after the operation.

OR

Your child/young person can go back to school/nursery as soon as he/she feels well enough - usually after ___ days.

Miscellaneous (eg. plaster cast)

Treating your child's/young person's pain after the operation

After the operation your child/young person may be sore for several days. If your child's/young person's behaviour is out of character, eg. he/she cries a lot, is very clingy, unusually quiet or refuses to eat this may be due to pain.

If you think your child/young person is in pain please give painkillers as directed.

Please be reassured that you will not overdose them if you follow the instructions on the bottle, nor will they become addicted to the medicines. It is best to give the painkillers regularly for the first 2-3 days after the operation and then as needed.

Paracetamol (Calpol, Disprol)

This can be given to your child/young person regularly 4 times a day for the first 2 days after going home, and thereafter as needed up to 4 times a day. Give amount as directed on the bottle.

Ibuprofen (Junior Nurofen)

Give this to your child/young person as needed up to 3 times a day. It is safe to give both Ibuprofen and Paracetamol together, or alternate Ibuprofen with regular doses of Paracetamol.

If your child/young person is asthmatic it may still be safe to give them Ibuprofen as they may have already had it whilst in hospital. If you are worried about this please talk to the nursing staff or doctors before you leave. If your child's/young person's asthma gets worse at home, stop using Ibuprofen, but continue with the Paracetamol as prescribed. Rarely, Ibuprofen can cause indigestion. If this occurs stop using it but continue with Paracetamol.

If you do not understand the advice provided, please speak to a member of the nursing staff or doctors. If your child/young person suffers a lot of pain at home that does not get better with these painkillers, please call Sunflower Ward or your GP.

Please ensure that you have these painkillers at home ready for your child's/young person's discharge.

Useful contacts

References

If you have any queries, or require further information please telephone the Sunflower Ward on 01332 786856

(to be completed by Patient Publications Service)

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Patient Publications Service

Speciality Specific Outpatient Information Standards

TITLE

Introduction/What is the _____ and what treatments are available?

Where is the _____?

Give clear directions to reach specialty

When and how can I access the _____?

Opening times Staff who are available to help

Do I need to do anything before attending the _____?

Take/stop taking certain medication? Stop eating/drinking?

Do I need to bring anything with me?

Medication? Urine Sample? Dressing Gown?

How long can I expect to be at the _____?

What facilities are available?

Refreshments? Child's play area?

Can I resume normal activities straight away?

- Drive or does someone need to drive me home?
- Does anyone need to stay with me for a few hours/overnight?
- Returning to normal activities: work/school/nursery/take part in sporting activities?
- Operate machinery?
- Make important decisions?

When will I get the results (if applicable)

Follow-up arrangements

Contact details for further information

- Contacts within the Trust
- Local self-help groups and/or national bodies

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Patient Publications Production Process

This process is to be adhered to following the Patient Publications Service's (PPS) agreement to produce a publication. It is applicable to the production of new publications and of existing publications where amendments are required.

Process		Responsibility
1	<p>The author is responsible for the checking the initial draft with appropriate parties e.g.:</p> <ul style="list-style-type: none"> • Relevant senior health professionals, e.g. clinical lead, colleagues. • Patients, e.g. on ward, focus group, Readers Panel (contact the Patient Experience Team) <p>Author ensures that the information follows the standards and contains the essential content. Procedural information must detail the risks, benefits, alternatives and consequences of the procedure/treatment, references (as applicable), together with details of additional (external) sources of information (as applicable).</p>	Author
2	<p>The author submits draft/amendments and details of quantities (based on one copy per patient over 12-months) and delivery point(s) to the Patient Publications Service (PPS). Authors must complete a Reprint Authorisation Form for existing titles. Where applicable author receives advice on style and format.</p>	Author and PPS
3	<p>If the publication is new it is coded and catalogued. Existing (live) publications are re-versioned if amendments are requested.</p> <p>Text is proofread to check its readability and ensure it is jargon free, in plain English and meets agreed standards on content and design.</p> <p>The design and layout of every publication produced by the PPS is in line with national and local NHS brand guidelines; accessibility standards such as RNIB and the Accessibility Information Act.</p> <p>Initial proof is produced and emailed to author.</p>	PPS
4	<p>Author makes amendments (as necessary) and emails these back to PPS with approval status.</p>	Author
5	<p>PPS actions amendments (as necessary) and provides final proof of the text.</p>	PPS
6	<p>Author approves text</p>	Author
7	<p>The approved publication is uploaded to Net-i and the website as applicable. Copies are provided as agreed with the author.</p>	PPS

Designing Patient Information Guidelines

On receipt of your text, the Patient Publications Service will decide the most appropriate format for it to be designed. When designing patient information, consideration is given to the length of the publication and how it will be distributed.

Reprint change/request form

Author: please complete this form and email it with any amendments to uhdb.pipublications@nhs.net

Name _____ Job title _____

Phone _____ Email _____

Department _____ Date _____

Please complete all sections to assist us in amending/printing your publication(s). Refer to the [Database of Titles](#) on Net-i for details of previous orders.

1. Quantities should be for **all** areas across the Trust who use that publication, based on 1 copy per patient over 12 months. If the number of copies has changed significantly from the previous order, please advise the reason why.
2. If the delivery is to multiple areas please provide details of:
 - quantity per area,
 - full name of person box(es) are to be labelled to,
 - ward/dept/clinic/service/site
3. If you require copies of publications which you are not the author of, contact the designated author/contact as listed in the [Database of Titles](#) on Net-i.

CODE & TITLE of publication e.g P1234/ 1695 <i>(code illustrated in red)</i>	Amend Yes or No	Copies for annual supply*	Delivery information (where copies are going to)		
			Name	Area	Site

Please add additional lines as required

*Please complete even if you are amending a self-serve publication – if demand has increased we may be able to provide you with printed copies.

Declaration

I confirm that all the listed publications have been fully reviewed by relevant professionals and are accurate and up-to-date.

The amount of stock ordered is sufficient for all areas using each publication.

I have checked all the contact details (telephone number, website, address – postal/email).

By returning this form, you (as the author) are confirming that you have completed this declaration

Please note: if you return this form when you have no copies or very few copies left, we unfortunately do not have the resources to respond to this quickly.

Title line (Arial 28pt, left justified) same for Ophthalmic.

12pt return – can be adjusted to fit as necessary

12pt return – can be adjusted to fit as necessary

Main Heading (Arial 14pt, bold, left justified) (Ophthalmic = Arial, 16pt bold left justified)

<enter Body text> (Arial 12pt, left justified) (Ophthalmic = Arial 14pt, left justified)

Sub heading (Arial 12pt, bold left justified) (Ophthalmic = Arial, 14pt bold)

<enter Body text> (Arial 12pt, left justified) (Ophthalmic = Arial 14pt, left justified)

**DISCHARGE INFORMATION (ARIAL 14PT BOLD UPPERCASE)
(OPHTHALMIC = ARIAL 16PT BOLD UPPERCASE)**

12pt return - can be adjusted to fit as necessary

Sub heading (Arial 12pt, bold left justified) (Ophthalmic = Arial, 14pt bold left justified)

<enter Body text> (Arial 12pt, left justified) (Ophthalmic = Arial 14pt, left justified)

12pt return – can be adjusted to fit as necessary

12pt return – can be adjusted to fit as necessary

<contact details Arial 12pt (Ophthalmic 14pt)
centered, shading 15%, no returns above or below text>
<contact details> No **Bold** numbers or details

(PPS use only) Pnnnn/CODE/mm.yyyy/VERSION# (11pt, bold, left justified)

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MARGINS & LINE SPACING:

3.5cm top, 1.5cm bottom, left and right.

Following pages: then 1.5cm top, bottom, left and right.

Line Spacing = single 1pt