

**TRUST POLICY AND PROCEDURES FOR PATIENT INFORMATION**

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# TRUST POLICY AND PROCEDURES FOR PATIENT PUBLICATIONS

## 1 Introduction

Patient information is defined as any internally produced publication for patients or 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.

## 2 Purpose and Outcomes

The purpose of this policy is to ensure that patient information written by staff and provided to patients (including patient publications published on the Trust website) 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 NHS Resolution (originally NHS Litigation Authority criteria, now the Trust Procedural Publications criteria – see 5.2) 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 the distribution methods are monitored and recorded.
- 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

<b>Patient/User</b>	Patients, relatives, carers, visitors, the general public, the media and external agencies.
<b>Patient Publications</b>	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.
<b>Authors</b>	The relevant health professionals responsible for commissioning and reviewing patient publications.
<b>Database of Titles</b>	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 the Intranet (Flo) and is updated regularly.
<b>Patient Publications Service / Gatekeeper</b>	Person(s) 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 patient publications.
<b>Patient Publications Service</b>	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.

### 4 Key Responsibilities/Duties

#### 4.1 **Patient Publications Service**

To ensure that patient publications written by staff and provided to patients (including those published on the Trust website) 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, the Patient Publications Service uphold NHS Resolution Standard 4 Criterion 1 and monitor compliance.

#### 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 2 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, eg. 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 Managing the Policy and Procedures for Patient Publications**

### **5.1 Process for the Development of Patient Publications**

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.

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 the Trust Intranet (Flo).

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, last reviewed date, 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 will contain a contact number for the relevant department/specialty and any relevant local/national support and advice associations, if appropriate.

There will be one 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 must be consulted in the first instance when searching for live available 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 the Patient Publications Service pages on the Trust Intranet (Flo).

Generally, patient publications must contain:

- Title
- Local contact number for the relevant department/specialty
- Date of production
- Version
- Copyright
- Last Reviewed Date

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 eg. lead clinician and all areas using the publication.

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

There will be one definitive patient publication for each procedure, specialty, irrespective of multi divisional/specialty/site use. The only exception to this is to provide paediatric information/Easy Read/alternative format.

Staff must consult the Database of Titles in the first instance to ascertain whether information is already available.

## **5.4 Submitting New Publications to the Patient Publications Service**

To submit a new patient information publication(s), authors must complete an E-form on Flo per publication via the Patient Publications Service Homepage of Flo. Authors must advise how many copies are required (based on one copy per patient for 12-months supply) and confirm who the author will be. Authors must advise of the delivery point(s) and the distribution method(s) for each publication.

The Production Process is shown in Appendix 4 and on the Trust Intranet (Flo).

## **5.5 Developing and Reviewing Existing (Live) Publications (Reprints)**

Authors are responsible for reviewing their publications at a minimum of 2 yearly intervals, or every time they re-order – 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 eg. 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 eg. Readers' Panel (contact the Patient Experience Team), informal discussions, questionnaires or focus groups.

The 'Production Process' is shown in the Appendix 4.

## **5.6 Ordering Copies of Existing (Live) Publications (Reprints)**

To order more copies (reprints), authors must complete and email a Reprint Authorisation Form (Appendix 7) to the Patient Publications Service. Authors must advise of the delivery point(s) and the distribution method(s) for each publication.

The Database of Titles contains information regarding all previous orders and versions. Authors should refer to it to calculate how many copies are required and if amendments are needed in order for the publication(s) to comply with the Trust Procedural Publications criteria.

If no amendments are needed, authors must confirm that the publication(s) have been fully reviewed by the relevant senior professionals eg. consultant, lead clinician, and are accurate and up-to-date. Authors should email the Reprint Authorisation Form when they have AT LEAST 4 months' supply of current stock left.

If amendments are needed, authors should email the Reprint Authorisation Form and the amendments when they have AT LEAST 4 months' supply of current stock left.

Unless you have been provided with a Master Copy, photocopying or in-house printing is not supported by the Service as it is not a cost effective means of printing for the Trust.

## **5.7 Patient Publications on the Trust Website**

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

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

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

Patient publications produced by the Patient Publications Service and displayed on the website must not be printed off and distributed to patients attending the Trust, unless by prior agreement with the Patient Publications Service for example Children's Emergency Department.

All areas must use the established printing process via the Patient Publications Service.

All publications published on the Trust website must be an exact copy (content and design) of the printed publications and will be updated in accordance with the printed version.

Copyright on all documents published (including on externally designed web pages) remains the property of the Trust.

Advice regarding publishing patient publications on the website can be obtained from the Patient Publications Service.

## **5.8 Patient Publications on the Trust Intranet (Flo)**

No patient publications should be uploaded to Flo/intranet.

## **5.9 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 details the history of all versions published.

All patient information produced within departments (before production through the Patient Publications Service) must show the date of production and version number as directed by NHS Resolution (previously NHSLA). 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. For more information about Hybrid Mail please contact the Patient Publications Service.

### **Imaging publications produced by Synertec**

A different format is used for these publications. This has been agreed by Imaging management and the Patient Publications Service.

## 7 Translations

If a Patient Publication requires translation in the first instance contact the Patient Publications Service or the Interpreter Service Office for advice regarding funding.

## 8 Monitoring Compliance and Effectiveness

### 8.1 Procedural Publications

The key requirements for Trust Procedural patient publications will be monitored on the Database of Titles.

Monitoring Requirement	<p>Compliance of the minimum criteria and essential content for each procedural publication:</p> <ul style="list-style-type: none"><li>• risks</li><li>• benefits</li><li>• alternatives</li></ul> <p>Compliance with the archiving arrangements and monitoring which publications have recently been archived.</p> <p>Monitoring of each publication's distribution method.</p> <p>Where deficiencies are identified they are documented and action plans developed with the author and changes implemented. In particular publications that have not been reviewed for more than 2 years.</p>
Monitoring Method:	Review of the Patient Information Database to determine compliance

### 8.2 Publications not reviewed or printed for 2+ years

All publications will be monitored on the Database of Titles to ensure that all publications are reviewed at a minimum of 2 yearly intervals or every time publications are re-ordered – whichever comes first.

Quarterly reports are submitted and reviewed at the Divisional Governance Forums.

## 9 References

CQC Equality Objectives 2017-2019 (Objective 2)

Accessible Information Standard Act 2016

NHS Digital Strategy (Health & Social Care Information Centre 2015)

NHS Resolution (NHSLA Guidelines Standard 4 Criterion 1 2007 and Risk Management Standards for Acute Trusts 2008)

Freedom of Information Act 2000

NHS Brand Guidelines 1999 (NHS Identity updated 2017)

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, eg. 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

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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, eg:</p> <ul style="list-style-type: none"> <li>• Relevant senior health professionals, eg. clinical lead, colleagues.</li> <li>• Patients, eg. on ward, focus group, Readers Panel (contact the Patient Experience Team)</li> </ul> <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. 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>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. <b>No further changes to the text should be made after this point.</b></p>	Author
7	<p>PPS sends information to print and arranges delivery.</p>	PPS

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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.

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

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

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