

<b>Pressure Relieving Interventions Checklist - Patient Choice Agreement</b> <b>The Health Professional must confirm the following statements before seeking consent</b>		
	Yes	No
Has an appropriate assessment been completed? Circle those that apply: General assessment, Waterlow, MUST, skin integrity/wound mapping		
Are these assessments clearly documented?		
Is the patient able to make safe decisions about their care?		
Do they have capacity to consent?		
If not, who is the nominated decision maker making the decision? Please state: Carer/ advocate/ other		
Does the Safeguarding Adult policy apply? If yes, follow safeguarding adult procedures.		
Has the treatment rationale been fully explained to the patient/ carer in appropriate language?		
Has this been clearly documented?		
Does the patient carer understand the benefits of the recommended treatment?		
Has this been clearly documented?		
Does the patient /carer understand the risks associated with alternative choices?		
Has this been clearly documented?		
Are the key objections to the recommended treatment from the patients/carers perspective clearly recorded?		
Have you explored potential alternatives for the patient/ carer given their objections?		
Have you documented the alternatives offered?		
Has a plan a treatment been agreed that takes account of patient/ carer choice?		
Do the patient/ carer understand the known risks associated with their choice?		
Has written guidance been provided to the patient/ carer to monitor known risks associated with the patient/ carer's choice?		
Has the guidance provided been documented?		
Has a review date been set?		

If the answer to all the above is **Yes** and the patient/ carer/ advocate/ other is clear on the risks/ benefits of their decision, seek completion of the Consent form.

The health professional must add the detail to the following statements

<b>Consent</b>		
Please indicate agreement	Yes	No
I am the: patient / carer/ nominated advocate / other?		
My health professional has explained the health concern is:		
My health professional has explained the reasons for their recommended treatment choice as:		
My health professional has discussed potential alternatives, such as:		
My health professional has explained that the risk associated with these alternative choices is:		
My health professional has provided guidance on signs and symptoms to watch for and written guidance in Pressure Ulcer Prevention prompt card		
I am aware how to contact my health professional if I am concerned		