



BRAEMAR HOSPITAL TO
AFFIX PATIENT DETAILS LABEL HERE

ENDOSCOPY SERVICE

BDH-ES/03

As advised by your Surgeons rooms

Date of Admission: **Time of Admission:**

Nothing to eat from: Nothing to drink from:

Complete this form and either:

1. Email to admissions@braemarthospital.co.nz. Please also bring the original form with you on the day; or
2. Drop the form in to us **1 week prior** to your admission to our reception, **24 Ohaupo Road, Hamilton**; or
3. Mail the form to us, as long as you post in time for us to receive it **1 week prior** to your admission. **PO Box 972, Waikato Mail Centre, Hamilton 3240.**

Legal Surname: Miss Ms Mrs Mr Dr

Legal First Names: Preferred Name:

Date of Birth: Country of Birth:

Female Male Are you a permanent NZ resident?: Yes No

Occupation: Religion: (optional)

Ethnicity:

Home Address

Postal Address
(If different to Home)

Home Phone: Mobile: Business:

Email: Email Invoice?: Yes No

Surgeon or Specialist:

GP's Name: Practice:

NEXT OF KIN

Name: Relationship:

Address:

Contact Phone Numbers:

CONTACT PERSON (if different from above)

Name: Relationship:

Address:

Contact Phone Numbers:

Medical Insurance Company: Approval Number:

ACC Approval Number:

Have you been treated in this hospital previously? Yes No Name previously used:

Do you require "Boarder" accommodation for an adult with a child patient? Yes No

Braemar Hospital is unable to accept any responsibility for loss or damage to valuables or money belonging to patients.

PLEASE REPORT TO: Braemar Hospital, 24 Ohaupo Road, Hamilton. Phone 07 843 1899

INFORMATION AND CONSENT FORM

About Gastroscopy

Gastroscopy is a visual examination of the lining of the upper gastrointestinal tract using a narrow, flexible tube called a gastroscop. The image is transmitted to a computer screen, which the specialist views. Special instruments can be passed down the gastroscop to obtain a biopsy (a tiny tissue sample) or remove polyps. All samples are sent to the laboratory for analysis. The gastroscop visualises the oesophagus, stomach and duodenum (beginning of the small bowel).

A gastroscopy is normally a safe procedure and complications are rare. The risk of a significant complication is about 1 in 5,000 procedures. As with most procedures there are some risks.

These are rare but include:

- Allergic reaction to the sedative or anaesthetic drugs. This is uncommon.
- Major bleeding.
- There is a risk that an abnormality may not be detected despite gastroscopy being considered a very accurate test.
- Perforation (making a hole in the upper gastrointestinal tract).

About Colonoscopy

Colonoscopy is a visual examination of the large bowel (colon) using a narrow flexible tube called a colonoscope. The colonoscope has a wide angled camera in the tip and when this is passed into your bowel an image of the inner lining is captured. This image is transmitted to a computer screen, which the specialist views. By advancing the colonoscope along the length of the bowel, the whole bowel can be viewed. During the examination tiny samples of tissues called biopsies may be taken, and any polyps removed, for analysis under the microscope.

A Colonoscopy is normally a safe procedure and complications are rare. The risk of a significant complication is about 1 in 1000 procedures. As with most procedures there are some risks.

These are rare but include:

- Allergic reaction to the sedative or anaesthetic drugs. This is uncommon.
- Bleeding if a tissue sample is taken for testing. This usually stops on its own or can be controlled through the colonoscope.
- There is a risk that an abnormality may not be detected despite colonoscopy being considered a very accurate test.
- Perforation (tearing of the bowel wall).

About Banding of Haemorrhoids

This is an effective treatment for internal haemorrhoids which often bleed or prolapse through the anus. A small scope is inserted into the anus and a specialised instrument is used to apply rubber bands over the internal haemorrhoids. The rubber band cuts off the blood supply to the haemorrhoids which usually drop off, along with the band, after 4-7 days.

Complications are very uncommon, however if bleeding becomes severe you should contact your specialist immediately.

Very rarely severe infection can occur, (less than 1 person in 100,000) if you suddenly feel unwell with fever and severe anal pain you must get medical attention immediately as treatment with antibiotics is **urgent**.

GENERAL PRIVACY STATEMENT

We collect your health information to provide you with appropriate care and to monitor quality.

We share this information with other health care providers and agencies involved in your care.

We treat your information as confidential and ensure that it is kept secure and only accessed by authorised persons.

You have the right to request access to your records and to request correction of the information.

Information may be supplied to family, support people or other agencies if you give us your permission or disclosure is authorised by law.

Our full Privacy Statement is available on our website or from the hospital reception.

General Information

- On arrival for the above procedure, you may be asked to wait in the reception area.
- **PLEASE NOTE** the time given to you by your specialist's rooms is your admission time and is not the time of your actual procedure.
- The actual investigation will be done on a bed, where you will remain until you recover from the sedation.
- You **MUST NOT** drive for 18 hours after the procedure if you have sedation and 24 hours after the procedure if you have a general anaesthetic. It is important that you arrange for someone to drive you home following your procedure and have a responsible adult stay with you **overnight**. (You are not permitted by law, to drive yourself).
- Please continue your usual medications unless discussed with your specialist.

I (full name)

agree that (procedure)
be performed on me (or full name of my child/relative/ward)

I have been able to discuss this with my specialist: whose signature appears below. He/she has explained to me the reasons for and expected risks of the procedure relating to my clinical history and condition. I have had adequate opportunity to ask questions and have received all the information I want and I agree to the procedure/treatment. I understand that I am welcome to ask for more information if I wish, and my consent may be withdrawn at any time.

Signed (patient/representative): Date

Signed (specialist): Date

ACCOUNT INFORMATION

Statement to be signed by patient before surgery I understand and agree that:

- Unless my specialist has advised me otherwise, any hospital fee figure given to me is an estimate only. For example, a procedure may take a shorter or longer time to complete, or, you may require a longer stay in hospital than originally estimated. In most cases though your specialist will be able to provide you with a reasonably accurate estimate.
- I am responsible for the payment of all costs associated with my stay at Braemar Hospital (excluding those which are paid for by another organisation such as ACC, an insurance company, a district health board etc).
- If I am an ACC patient, I will be invoiced for costs not paid by ACC, such as telephone calls, room upgrades, extra meals etc.

Before the procedure

- I give permission for Braemar Hospital to check on my current credit status before (or after) my procedure.
- If I have no insurance cover or no prior approval from my insurance company, Braemar Hospital may reserve the right to insist that I pay an estimate of the cost of my procedure in advance. (Braemar Hospital recommends that you obtain prior approval from your insurance company).

Invoice and payment

Unless another organisation such as ACC or a district health board are paying the full amount, I will receive invoices from:

- Braemar Hospital, the specialist, the anaesthetist (where applicable), and any other services such as physiotherapy (where applicable).

If I have insurance cover for my procedure, I agree to promptly:

- Send the invoice to the insurance company.
- Pay for all of the cost of the procedure that is not paid by my insurance company.

If I do not have insurance cover:

- I will pay the account in full promptly on receipt of invoice.

Overdue accounts

- I agree that I have sufficient funds in place to meet the costs of my procedure at Braemar Hospital on the due date.

If I do not pay on the due date:

- I will pay the interest charged by Braemar Hospital on any amount unpaid after the due date.
- The interest rate will be 1% per month of the amount unpaid at the end of each month.
- Braemar Hospital may instruct their debt collector or solicitor to recover any amount unpaid after the due date.
- I will pay for all of the debt collection costs incurred by Braemar Hospital or their debt collector and/or legal costs on a solicitor/client basis.

I, Patient Parent Caregiver

.....
have read and accept the above terms.

Signature:

Date:
(To be signed at Braemar Hospital)

BRAEMAR HOSPITAL TO
AFFIX PATIENT EMAIL LABEL HERE

PLEASE COMPLETE THIS SECTION PRIOR TO YOUR ADMISSION

Do you have any allergies: YES (please provide details below) NO

ALLERGY STICKER

Medical/Surgical history

Do you have or have you ever had any of the following?

	Y	N		Y	N
Asthma/ Bronchitis			Metalware/ Prothesis (joint)/ Pacemaker		
Sleep Apnoea			Heart Problem (Heart valve/ heart attack)		
Hypertension			Liver/ Kidney disease		
Infectious Diseases (ESBL, MRSA, TB, Hepatitis, HIV)			Blood clotting disorders		
Epilepsy			Possibility of pregnancy		
Diabetes			Have had a gastroscopy/colonoscopy before?		
Glaucoma			Other (radiotherapy/ chemotherapy)		

If YES to any of the above, please provide details:

Have you had any major illness/surgery in the past? YES (please provide details below) NO

Current Medication

Are you taking any blood thinning medication?: YES NO

Warfarin Aspirin Dabigatran(Pradaxa) Other:

If YES, when did you last take them?: INR Result (if applicable):

Other Medications (please list):

Pre-Procedure Nursing Assesment - To be completed by admitting Nurse

Weight: BP: HR: SaO₂:

Last food: Last Fluid: BGL result (if applicable):

Coag-check result (if applicable): Bowel Prep completed:

Patient has: Own teeth Crowns and Caps Clear Muddy Colour:

Partial Plate Hearing Aids

Full Dentures

Enemas Required:

Have you taken your usual medication today?: YES NO

Consent signed: Patient Specialist

Patient to be collected by: Phone:

Valuables sent home with family member YES NO FOLLOW UP PHONE CALL: YES NO

Valuables placed in bottom draw in treatment room YES NO Phone Number:

Nurse Name: Signature:

PLEASE AFFIX PATIENT DETAILS LABEL HERE

TRACEABILITY STICKERS

TIME IN: _____ TIME OUT: _____

ENDOSCOPE NUMBER

PROCEDURE Allergy: YES NO

Gastroscopy	Mouthguard	EUS
Dilatation		FNA
Colonoscopy		ERCP
Flexible sigmoidoscopy		Tattooing
Banding haemorrhoids / Varices		Other

IV Cannula Insertion

R) ACF L) ACF Other site: _____

R) Hand L) Hand Size: _____

Time: Sign:

Medication Administered During Procedure

DRUG	TIME	DOSE	TIME	DOSE	TIME	DOSE	TIME	DOSE	Nurse 1	Nurse 2	Specialist
IV Midazolam (mg)											
IV Fentanyl (mcg)											
Hyoscine N-Butyl Bromide (mg)											
Lidocaine Spray											
IV Fluids											

Time																		
O ²																		
SaO ²																		
Resps																		
220																		
200																		
180																		
160																		
140																		
120																		
100																		
80																		
60																		
40																		

Biopsies/Polyps

	Bx	P		Bx	P		Bx	P
Oesophagus			H Pylori (Clo Test/HUT Test)			Descending		
GO Junction			Terminal ileum			Left colon		
Gastric			Caecum			Sigmoid		
Antrum			Ascending			Rectum		
Pylorus			Right colon			Other		
Duodenum 1			Hepatic flexure					
Duodenum 2			Transverse					
Disaccharides			Splenic flexure					

