



Queensland Government

Royal Brisbane & Women's Hospital

DAY SURGERY INFORMATION: PATIENT RESPONSIBILITIES

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex: M F I

Please arrange for a responsible adult to drive you or accompany you home in a taxi. A responsible adult must stay with you for at least 24 hours. We will contact these people for you as soon as your procedure is over. Difficulty contacting these people decreases the time available for direct patient care.

It is very important that we can speak to these people at any time during the day of the procedure.

CONTACT ADULT TAKING YOU HOME: *(person driving or accompanying you in taxi)*

Name: Relationship to patient:

Phone number: Mobile number:

CONTACT ADULT WHO WILL BE AT HOME IF DIFFERENT FROM ABOVE:

Name: Relationship to patient:

Phone number: Mobile Number:

We ask that you do not use public transport (buses and trains), as they would be unable to return you to hospital if necessary.

After Surgery:

- You will be recovered on a trolley or a recliner.
- Total recovery time can take from an hour or longer, depending on the type of anaesthetic used for your procedure and your health condition.
- Once you have recovered you will be discharged into the care of an adult friend / relative with specific instruction for your care at home.
- You might be required to go to the transit lounge for pick up. The transit lounge is open from 8 am to 6 pm. Cars can drive to the door via Butterfield Street. **Ten minute parking only** is allowed.
- Go home and rest.
- You will be advised if a follow-up appointment is necessary. This is your opportunity to discuss any details about the procedure with staff. Write down any questions as you think of them.
- Follow diet and medication instructions given to you by the nurse.

**DO NOT DRIVE OR LEAVE THE HOSPITAL UNACCOMPANIED.
YOU MUST ORGANISE SOMEONE TO CARE FOR YOU.**

Failure to do this may result in cancellation of your procedure.

DO NOT WRITE IN THIS BINDING MARGIN

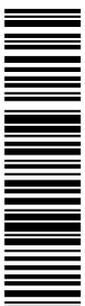
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All clinical form creation and amendments must be conducted through Health Information Services

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I have had the following conditions of attending day surgery explained to me and I understand that:

- A responsible adult will be required to drive me home and stay with me for the first 24 hours. (It is important that we can speak to these people at any time during the day of the procedure).
- I must not use public transport - buses or trains. I will only use a taxi if in the company of a second person.
- If I expect to take ambulance transport home, I must book the ambulance myself three days in advance and **bring in the booking number**, otherwise the surgery may be cancelled.

During the first 24 hours after surgery, I should not:

- Drink alcohol
- Undertake heavy exercise
- Cook or use domestic appliances
- Operate machinery or drive a car
- Care for infants without responsible help
- Sign any legal documents

Do you consent to be contacted after leaving the hospital for a follow-up phone call if required? Yes No

Do you consent to be contacted after leaving the hospital for a random satisfaction survey phone call? Yes No

I agree to follow these instructions and understand that my disregarding any of these could result in undesirable effects on other patients, members of the public, and myself.

Patient name (print):

Signature: Date: / /

Witness name (print):

Signature: Date: / /

DO NOT WRITE IN THIS BINDING MARGIN