

Consent form 4

Treatment in best interests for an adult who lacks the capacity to consent to investigation or treatment



PATIENT, Test (Mr)

NHS: 343354657877

Hospital: 111111

Born: 1 May 1951

Gender: Male

Exploratory laparotomy

Responsible Clinician: Mr Dafydd Loughran

TREATMENT IN BEST INTEREST DECISION MADE BY RESPONSIBLE CLINICIAN

21:02 GMT, 12 Feb 2022

NAME OF PROPOSED PROCEDURE OR COURSE OF TREATMENT

Exploratory laparotomy

An **exploratory laparotomy** is an operation where the tummy (abdomen) is opened and the organs are examined for injury or disease. Depending on the nature of injury or disease a number of different treatments may need to be performed.

THE INTENDED BENEFITS

To treat a hole in the bowel which is causing either an infection or bleeding in the tummy.

ANAESTHETIC OPTIONS

General anaesthesia.

SERIOUS- OR FREQUENTLY OCCURRING RISKS

Immediate risks

Surgical care during the coronavirus (COVID-19) pandemic, Bowel resection, Stoma required, Significant bleeding, Perioperative risks, Drain needed, Damage to surrounding structures.

Early risks

Discomfort, Wound infection, Abdominal fluid collection, Ileus (sluggish bowels), Death, Anastomotic leak (if created), Incisional hernia, Need to go back into theatre, Blood clots (deep vein thrombosis or pulmonary embolus).

Late risks

Symptomatic abdominal adhesions, Abnormal scarring.

ADDITIONAL INFORMATION PROVIDED

NELA Patient Information Leaflet (National Emergency Laparotomy Audit (NELA))

<https://patient.demo.concentric.health/info/e74w>

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Capacity assesment

Performed by **Mr Dafydd Loughran** at 20:53 GMT, 12 Feb 2022.

What is the nature of the impairment or disturbance and how is it presenting itself?

Patient is acutely unwell and confused secondary to sepsis.

What support is being provided to support the patient to make the decision for themselves?

Discussed procedure and its urgent requirement with patient and relatives.

Is the patient able to adequately understand the information about the nature of the proposed treatment?

No

Evidence:

Patient is acutely confused and does not demonstrate understanding of the situation.

Is the patient able to adequately retain the information for long enough to make the decision?

No

Evidence:

The patient was unable to recall the conversation had shortly prior regarding the required procedure.

Is the patient able to adequately use or weigh the information to make a decision?

No

Evidence:

Acutely confused and unable to weigh the required information.

Is the patient able to communicate their decision by any means?

Yes

Considering all factors, and on the balance of probabilities, does the patient have capacity to make the decision about the proposed treatment?

No

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Best interest decision

Last updated by Mr Dafydd Loughran at 20:58 GMT, 12 Feb 2022.

Is it likely the patient will regain capacity?

Yes

Can the decision wait until the patient has regained capacity?

No

Why can't the decision wait?

Acutely unwell following bowel perforation and requiring emergency surgery.

Is there an advance decision in place which refuses the treatment?

No

Is there another form of authority for the decision?

No

Document your consideration of the alternatives, including less-restrictive alternatives, and the risks of not carrying out the proposed treatment

The patient is usually in good health and active, and therefore, conservative management - which would likely lead to the patient's death within days - is not appropriate.

Document any information that is available regarding the patient's past and present wishes and feelings that are relevant to the decision

The patient has not communicated any specific wishes regarding medical treatment in the circumstance that they become acutely unwell, and there is no advance decision in place.

Document any consultation with those close to the patient, the representation made by an Independent Mental Capacity Advocate (IMCA) if sought, and any disagreements that have arisen

A discussion was held with both the patient's sons, who describe their father as usually fit, active and in good health. They agree that urgent surgical management is appropriate, and no disagreements have arisen during these discussions.

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Statement of responsible clinician

I, Mr Dafydd Loughran, confirm that in my view as the decision maker, the proposed treatment is in Mr Test Patient's best interest.

Document a summary of reasons for coming to this decision:

The patient is acutely unwell following a bowel perforation and is likely to make a good recovery following surgical intervention. Acute confusion means the patient is unable to give their consent, and there is no Legal Power of Attorney in place. The patient is usually in good health and there is agreement between the clinical team and family members that surgical management is appropriate.

RESPONSIBLE CLINICIAN

Signed electronically

Mr Dafydd Loughran, Urology Registrar

21:02 GMT, 12 Feb 2022