

Affix Patient Label, or provide
Patient Name/DOB/Address/NHI No

INPATIENT CLEARANCE ASSESSMENT (specialist to complete)

MRSA

- Yes / No Resident in a rest-home or long term care facility, excluding independent units?
- Yes / No Clinically employed in a hospital or rest home in the last 6 months?
- Yes / No Admitted to a hospital in NZ or Overseas for more than 24 hours and has had surgery or an invasive procedure (eg PICC line insertion) in the last 6 months?
- Yes / No Previous history of MRSA colonisation or infection?

**If YES to one or more criteria swab patient.
Day Surgery patients are excluded.**

ESBL

- Yes / No Admitted to an Overseas hospital in the last 6 months?
- Yes / No Treated in a health facility in Pakistan or Indian sub-continent in the last 6 months?
- Yes / No Indwelling catheter in-situ for >2 weeks?
- Yes / No Previous history of ESBL colonisation or infection?

**If YES to one or more criteria swab patient.
Day Surgery patients are excluded.**

REQUEST FOR AND CONSENT TO ANAESTHESIA (patient to sign after being assessed by anaesthetist)

I (patient or guardian of patient) have had explained to me the anaesthetic requirements associated with the procedure(s) as listed overleaf including the inherent benefits and risks of:

- General Anaesthesia Epidural / Spinal Anaesthesia Local Anaesthesia
- Intravenous Sedation Regional Nerve Block

I accept the recommendation of Dr regarding these options.

Patient / Guardian

Anaesthetic Specialist

CONSENT FOR BLOOD PRODUCTS (patient to complete after consultation with admitting specialist)

Consent given to receiving

Consent not given to receiving

I have been provided with the NZBS leaflet and all my questions have been answered to my satisfaction:

Yes No

Patient / Guardian

Specialist who has explained information in relation to the administration of blood components / blood products

ADVANCE DIRECTIVE (patient / guardian to complete if required)

A copy of the directive is attached