



Queensland
Government

MACKAY HOSPITAL & HEALTH SERVICE

COVID-19 Virtual Ward Client Consent Form

Facility / Unit: Mackay Base Hospital (MBH)

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

What is the COVID-19 Virtual Ward?

The COVID-19 Virtual Ward provides you with high-level care in your own home (or another selected location) so you don't have to stay in hospital. For the duration of your care, you will remain an inpatient of the Mackay Base Hospital.

Who will look after you at home?

The COVID-19 Virtual Ward consists of a Senior Medical Officer (Doctor), Coordinator and a team of highly qualified Nurses.

What are you agreeing to?

By providing your consent, you are agreeing that you are willing, able and agreeable to undertake the following:

- Take your prescribed medication(s) as per Doctor's orders and Pharmacy advice.
- Follow the recommended treatment regime (including completion of Remote Patient Monitoring tasks if applicable).
- Read the COVID-19 Virtual Ward Patient Information Sheet and any other information provided by your treating team.
- Only use equipment for intended purpose and return it at the end of your admission.
- Contact the 24-hour, 7-days per week COVID-19 Virtual Ward on-call number (**0460 013 198**) if you experience any worsening in your condition or have any questions relating to your care.

Statement of understanding

Providing your consent means that you have been told and understand:

- What is wrong with you (i.e. the medical condition(s) for which you are receiving inpatient treatment).
- The planned course of treatment (as outlined by your treating medical team).
- How to escalate any non-urgent concerns that you may have (regardless of time or day of the week).
- To contact Queensland Ambulance Service (000) immediately if you are experiencing a medical emergency.

Safety for home visiting (if required)

As part of your admission to the COVID-19 Virtual Ward a 'COVID-19 Home Visiting Risk Screen' will be completed with you. To ensure the safety of our staff, it is essential that the information provided by yourself when completing the *Home Visiting Risk Screen* is true and correct.

Managing your medications at home

As you will remain an inpatient of the hospital, all medications (except for intravenous) will be supplied to you. In signing this consent form, you agree to:

- Store your medications in a cool dark place or as advised on the label/packaging.
- Store your medications so they cannot be reached or interfered with by children.

DO NOT WRITE IN THIS BINDING MARGIN

Form is only to be printed from QHEPS, do not reproduce by photocopying
All clinical forms creation & amendments must be conducted through Health Information Services

COVID-19 VIRTUALWARD CLIENT CONSENT