

 CLINICA DE MARLY <i>Cuida su Salud</i>	FORM	CODE:	FT-AH-060
	INFORMED CONSENT FOR NURSING CARE	VERSION:	7
		ISSUANCE DATE:	26/01/2021 mm/dd/yyyy

Date: _____ Medical Record No. _____

Full name: _____

Date of birth: _____

I hereby authorize the nursing care required during my stay at the Clinica de Marly S. A. such as:

	YES	NA
1. Bathing in shower or bed.		
2. Cleaning of room.		
3. Assistance during meals.		
4. Taking vital signs.		
5. Hemodynamic monitoring		
6. Hemodynamic monitoring		
7. Use of bedpans and diapers.		
8. Skin care.		
9. IV access, change and removal.		
10. Care of central catheters.		
11. Wound care.		
12. Administering medications prescribed by the treating physician.		
13. Administering transfusions (except for patients from Jehovah Witnesses).		
14. Installation or removal of probes (nasogastric, vesical).		
15. Taking samples for paraclinical analysis.		
16. Liquid control (administered/removed).		
17. Education.		
18. Isolation of patients.		
19. Other as needed by patient and pursuant to medical instructions.		
20. Transfer in ambulance for imageology analysis as prescribed or special procedures.		
21. I have been informed that the locker is to be used exclusively for clothing and should not be used for any objects of value (wallet, money, jewelry, etc.)		

I understand and accept this document.

Name of the Patient
ID No.:

Signature
ID Type:

Name of the Witness or relative/guardian*
*Kinship:

Signature
ID No.:

Name of Nurse

Signature
ID No.:

This document shall be included in the Patient's Medical Record.