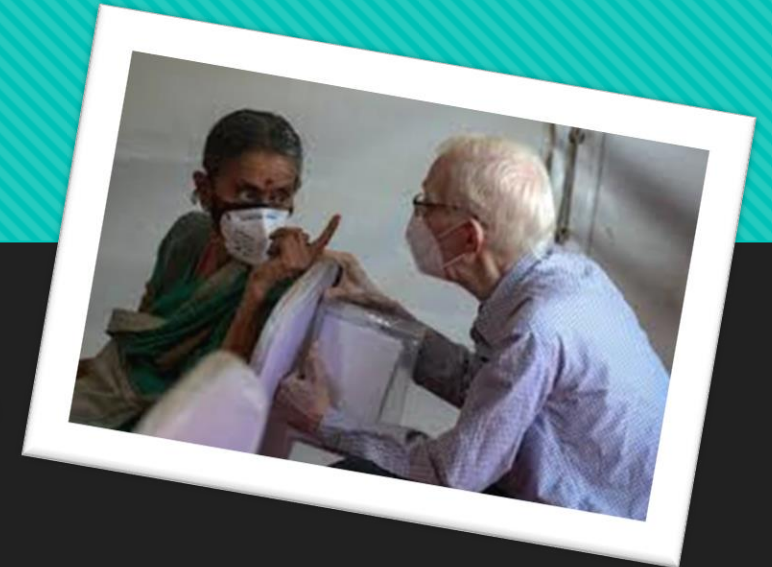


# STAFF TRAINING FOR VULNERABLE PATIENTS



# Who is Vulnerable Patient?

A patient who is or may be for any reason unable to protect and take care of him or herself , against significant harm or exploitation



# Vulnerable Patients

- ❖ Infants / Children below 12 years
- ❖ Disabled Individual
- ❖ Elderly & Frail
- ❖ Child Abuse /Neglect
- ❖ Domestic Violence
- ❖ Mental Retardation
- ❖ Elderly – 70 years of age / Older
- ❖ Patient in Crisis

# Assessment of Vulnerable Elderly

- Neurological Status
- Psychological and Mental Status
- Ability to meet Activities of Daily Living
- General Physical Assessment
- Assessment for suspected nutritional & functional risks
- Assessment for the risk of fall injury

# Assessment of Vulnerable Young Children

- General Conditions
- Medical or Surgical Conditions
- Assessment for a suspected abuse or maltreatment
- Unable to look after themselves from harm
- In need of special care ,Support or Protection



# Care & Policy for Vulnerable Patients

- With in the hospital the all vulnerable elderly & children will be given all –necessary care needed with consideration
- If the patient's condition demands further care which is not available in our hospital, patient will be transferred to the other hospitals/facilities
- While transferring the patients a staff nurse will be accompany the patient along with the care giver.
- If the patient's condition is critical, will be escorted by a doctor & nurse while transferring them from hospital to another hospital
- Staff taking care of high risk patients must have adequate training and skills
- The identified vulnerable patients will be under close monitoring at all times during their hospitalization to minimize risk of health care services
- All healthcare providers will maintain a safe environment, related but not limited to: equipment, wheelchair, bed rails, mobility needs, fall precautions

# Care & Policy for Vulnerable Patients

- We also get the consent form filled by the vulnerable patient with all the legal details.
- All healthcare providers will encourage family involvement and support in care delivery, education and decisions as appropriate
- Special consent considerations will be taken when needed for each individual case following the hospital approved consenting policies
- Once the patient is stabilized with the disease process, they will be fit for the discharge
- The discharge patient will be discharged with follow up advise
- All documentation required for the team to work and communicate effectively in the care of high risk patients must be maintained as per hospital documentation policy

# Vulnerable Patient Consent Form



## JEENA SIKHO LIFECARE LIMITED

E-19, New light Colony, Gopal Pura By Pass, Tonk Road, Bhaskar Flyover, Jaipur, Rajasthan, 302018

### VULNERABLE PATIENT CONSENT FORM

UHID..... OPD..... BED NO..... DATE.....

• Parental/Legal Guardian permission and consent is required for:

a 'child' - a person under the age of 12

a 'vulnerable adult' - a person aged 12 or over whose ability to protect himself or herself from neglect, abuse or violence is significantly impaired on account of disability, illness or otherwise.

Patient's Name : \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Procedure details : \_\_\_\_\_

Address and Contact \_\_\_\_\_

This is consideration of the Panchkarma procedure as follows

1

2

3

with best possible outcome .....

Risks .....

#### Alternative

1. I hereby give permission and all necessary consent to Jeena Sikho Lifecare Limited ..... to and those Authorized by the Jeena Sikho Lifecare Limited and other relevant records to support vulnerability of ..... to record my child or the vulnerable adult in my legal charge (named below) and I agree that for educational / promotional purposes the Jeena Sikho Lifecare Limited may use the Recordings (in whole or in part, transcribed or otherwise) throughout the world for the full period of copyright, including all renewals, reversions, extensions and revivals of such period:

2. The information provided in this form is used for the Panchkarma procedure as described above and is managed and stored in accordance with the Indian Data Protection Act 1998 For data storage purposes, the Jeena Sikho Lifecare Limited may store electronically the information and Recording.

3. This Consent/Release Form shall be governed in all respects by Indian penal code law.

NAME OF CHILD or VULNERABLE ADULT: \_\_\_\_\_

NAME OF PARENTI LEGAL GUARDIAN: \_\_\_\_\_

SIGNATURE OF PARENT / LEGAL GUARDIAN: \_\_\_\_\_



# THANK YOU

