

**Organisation Name**  
Organisation Full Address  
(stacked)

Title Given Name Surname  
Home Full Address (stacked)

Long date letter merged

**Organisation Name Nursing Team**

**Decisions Against Tissue Viability Advice**

**Nature of care/Service on which the patient is taking a decision against tissue viability service:**

NB. A person's capacity to make decisions should be assumed, but if you have any reason to doubt the patient's capacity to make a decision on tissue viability advice, you must undertake an assessment of capacity (Mental Health Capacity Act, 2005) before proceeding to complete this form.

Action	Yes/No	Comment/Evidence
A multi-disciplinary approach has been undertaken.		
Pain relief has been addressed.		
An alternative repositioning regime has been attempted (elevate legs/sleep in bed at night) and aspects of the home environment that were barriers to the implementation of the care were addressed.		
Alternative wound care products to maximise comfort have been tried.		
Alternative compression has been offered even if it is offered at sub optimal pressure.		
National supplement/dietetics advice offered.		
Advice/support has been sought from the tissue viability team where it is not possible to adhere to WFHP guidelines.		
Where appropriate, there has been a discussion with the family to promote the best interest of the patient.		
Appropriate patient information has been provided – leg ulcer leaflets, nice.org.uk (venous leg ulcer).		

The decision against advice has been escalated to the named GP if no change after 3 months.		
Any other areas of concern?		
Does the patient refuse DN visits?		

<b>Staff Members Name</b>	<b>Current User</b>
Signature	
<b>Short date letter merged</b>	

<b>Patients Name &amp; Address</b>	Title Given Name Surname Home Full Address (stacked)
Signature	
<b>Short date letter merged</b>	

**To be completed by the GP:**

I agree with the above care plan completed by the nurse.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Copy to be held in patient's notes and at staff base.**

### **Guidelines for using the 'Decisions Against Advice' Form**

This form should be completed when a patient makes an informed decision against advice and has the capacity to make that decision. Decisions could include issues relating to their medication choice of dressings, bandaging, hosiery, re-positioning or equipment that has been prescribed for pressure ulcer prevention/care.

#### **How to complete the form:**

If you have any doubts over the patient's capacity to make a decision in relation to tissue viability advice, DO NOT COMPLETE THIS FORM until you have undertaken a Capacity Assessment test.

1. Consider each of the questions in the 'Action' column and indicate 'yes' or 'no'.
2. In the column headed 'comment/evidence', indicate where the evidence for your actions can be found, e.g. comments in patient notes and date entered.

There is no need to document again what action you took providing it can be clearly identified in the care plan/evaluation.

3. If the action was not taken, write 'no' and justify in the next box why it was not done. Forms that have 'no' written without justification will not be accepted.