

Michael O'Neill Fc.Pod(Surg)
 Consultant Podiatric Surgeon
Injection Record Form

Patient Surname		Patient First Name	
Patient's address			
Date of Birth/...../.....	Hospital Number	

Allergy History

Does the patient have any history of allergies?	YES	NO
Have they ever had an allergic reaction to LA?	YES	NO
Have they ever had an allergic reaction to steroids?	YES	NO
Other allergies:		

Local Anaesthetic

Name	Amount	Batch Number	Expiry Date
	ml		
<i>SITE</i>			

Drug Administered

Name	Amount	Batch Number	Expiry Date
Depo-Medrone	ml		
Hyaluronic Acid	ml		
<i>SITE</i>			

Patient kept for 20 minutes and then discharged home comfortable.	
24 hour contact number given to patient.	

Signed		Name (Printed)	
Consultant Podiatrist: Michael O'Neill		Date	

Michael O'Neill Fc.Pod(Surg)
 Consultant Podiatric Surgeon
Injection Consent Form

Patient Surname		Patient First Name	
Patient's address			
Date of Birth/...../.....	Hospital Number	

Patient Complaint			
Procedure to be performed			
Injection of	DEPO-MEDRONE	HYALURONIC ACID	plus local anaesthetic
The above patient has confirmed that they have had no previous allergic reactions to local anaesthetics or steroid / hyaluronic acid injections AND no injections of LA within the last 24 hours.			YES
			NO

I have explained the procedure and what it will involve to the patient. In particular, I have explained:

The intended benefit:

To alleviate pain and inflammation in a joint for a period of between 3 and 6 months (or possibly longer).

Serious or frequently occurring risks for depomedrone injections: Nausea, vomiting, heartburn, headache, dizziness, trouble sleeping, appetite changes, increased sweating, acne, or pain/redness/swelling at the injection site may occur. There is also the possibility of steroid flare.

Serious risks for injections: allergic reaction and infection.

- I have also discussed the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.
- I confirm that the patient has been given my contact details in case of any emergencies relating to the prescribed treatment.

The above information has been explained by Michael O'Neill, Consultant Podiatric Surgeon.

	<i>Michael O'Neill</i>
Date/...../.....

*To be completed by the **patient**, or the **patient's parent / guardian** if under 16 (delete parts **in bold** as appropriate)*

By signing below you confirm that the procedure has been satisfactorily explained to you and that you wish to go ahead with the procedure. If you have any concerns about aspects not covered above please raise this with your podiatrist before you below.

Signed		Name (Printed)	
		Date/...../.....