NHS Greater Glasgow and Clyde

Paediatric Outpatient Parenteral Antibiotic Therapy (pOPAT)

Parent or carer Declaration

I am happy to look after my child at home.	☐
I can bring my child to the hospital for their appointments, or at other times if needed.	☐
I know when and where to bring my child to for their appointments.	☐
I have read and understood the pOPAT patient information leaflet.	☐
I know how to look after the cannula, PICC or other venous access device.	☐
I understand what to look out for and what to do if I am worried about my child at home.	☐
I know how to contact the doctors looking after my child.	☐
I am happy that my questions about pOPAT have been fully answered.	☐

If you agree with the statements above, please initials the boxes and sign below.

Patient name .....

Date of birth ..... CHI number .....

Parent or guardian name .....

Signature .....

Date .....

Doctor's name .....

Signature .....

Date .....

For staff: please scan and upload to Clinical Portal