

**Dear Madam,**



You will soon be admitted to our hospital. Our practitioners, all our staff and our management would like to thank you for your trust.

You will need to read and **complete the various documents that make up this passport**; they will provide you with all the information you need to know and are also essential for your admission to our hospital.

We hope that this dossier will help to build your trust in the quality and safety of the care you will be receiving. The nursing team will provide you with your treatment pathway as soon as you enter the clinic, and it is very important that you take part in its development.

Please come to your pre-anaesthesia consultation or inscription appointment with:

1. This **completed and signed passport**.
2. Your administrative documents:
  - ☐ **Identity document** (national identity card or passport or residence permit)
  - ☐ **Health insurance card**
  - ☐ **Mutual insurance** card or a universal health cover certificate
  - ☐ A **means of payment** (cheque book, cash, bank card)
3. **Your most recent test results** requested by the anaesthetist: blood tests, X-ray, ultrasound, MRI exam, CT scan, cardiac work-up.

**Please note** that all the preoperative tests requested must be carried out **BEFORE** the day of your hospitalisation.

4. Your **prescriptions** for your current treatments.

To reserve your place, a deposit check equivalent to 4 days of stay payable to Clinique Sainte Thérèse is required at the time of registration.

Confort Room : deposit check of **956 €**  
Sérénité Room : deposit check of **1 436 €**  
Prestige Room : deposit check of **2 596 €**  
Double Room : deposit check of **300 €**

VISITS AUTHORIZED from 2 p.m. to 6 p.m. for FAMILIES and VISITORS  
THESE TIMES MUST BE RESPECTED FOR THE REST AND SAFETY OF THE MOTHER AND BABY  
TO AVOID THE RISK OF NOSOCOMIAL INFECTIONS, CUT OR POTTED FLOWERS ARE PROHIBITED IN THE MATERNITY

- o It is forbidden to bring your luggage into the delivery room
- o Children under 15 years old are not allowed to go upstairs except siblings
- o For hygiene reasons, only 1 person is admitted to the delivery room
- o A list of different ministers of religion is at your disposal at reception if necessary
- o The clinic declines all responsibility in the event of theft, loss or damage to personal objects which have not been returned to the safe at the time of admission
- o For the declaration to the Town Hall of the 17th to be made within 5 days, you will need to bring your family record book (if you are married) or the identity document of the father and mother as well as the certificate of delivery that you can collect from the midwives

# ADMINISTRATIVE INFORMATION

(PATIENT TAG)

to be filled by clinic

Pre-admission to the  
hospital

Appointment with  
the anaesthetist

Day of the operation:  
admissions office,  
after which you will  
be taken into the care  
of the nursing and  
medical teams



Birth Name : ..... Customary Name : .....

First Names : ..... Birth date : .....

Address : .....

Phone Number : .....

My child will be declared under the Social Security number of :

- The mother -> if yes Social Security number : .....

- The co-parent -> if yes Social Security number : .....

We will need to check your identity, so please **bring your ID card**; without it, we may cancel your operation..



In order to limit the risks associated with your identification during your stay, we would like to **scan/photocopy your identity document** in our patient record software; it will be accessible to all the professionals involved in your care and will be kept for 20 years.

☐  
I Accept

☐  
I refuse

To enable us to continuously improve the care we provide, do you authorise the hospital to carry out a satisfaction survey via Merci Docteur and the French health authority (HAS) as part of the national E-Satis programme?

☐  
I accept

☐  
I refuse

Email address: .....

Gynecologist : Dr.....

Expected birth date : | | | | |

Name of your general practitioner: Dr.....

Address of your general practitioner: .....

Can we send your hospitalization report to your general practitioner ? ☐ Yes ☐ No

As part of your treatment pathway, we collect your personal data so that we can coordinate your medical and nursing care and administrative management with the various healthcare professionals involved, in compliance with the French Public Health and Social Security Codes. To exercise your rights in relation to the protection of your personal data, please write to [dpo.groupe@almaviva-sante.com](mailto:dpo.groupe@almaviva-sante.com)

# Lodging Services Wishes



**Clinique Sainte Thérèse | Maternité**

9 rue Gustave Doré 75017 PARIS

Ph. : 01 44 01 00 50

**CLINIQUE  
SAINTÉ THÉRÈSE**

Last Name : .....

First Name : .....

Birth Date : .....

Doctor's Name : .....

Expected due date : .....

**SHARED  
ROOM**

**DUO**



**PRIVATE  
ROOM**

**CONFORT**



**PRIVATE  
ROOM**  
(subject to availability)

**SÉRÉNITÉ**



**PRESTIGE**



## Accommodation

Shared room with another patient	✓			
Private room 10–12 m² with bathroom 3 m²		✓		
Private room 16 m² with spacious bathroom 5 m²			✓	
Private room 22 m² with spacious bathroom 5 m²				✓
Double bed or sofa bed				✓

## Equipment Provided

TV	✓	✓	✓	✓
Unmited Wi-Fi	✓	✓	✓	✓
Bath towels	□ 8€	✓	✓	✓
Mini refrigerator			✓	✓
Bathrobe	□ 8€		✓	✓
Lounge area with courtesy service (Nespresso coffee and tea)				✓

## Dining

Gourmet breakfast**	□ 15€		✓	✓
Guest breakfast				✓

## Services and Accessories

Welcome kit / comfort for mom***	✓	✓	✓	✓
Welcome kit / comfort for Baby***	✓	✓	✓	✓
Towels and slippers	✓	✓	✓	✓
Diapers for the stay	✓	✓	✓	✓
Infant formula if needed	✓	✓	✓	✓
Changing supplies for newborn	✓	✓	✓	✓
Intimate cleansing product for mom	✓	✓	✓	✓
Necessary items for mom's intimate protection	✓	✓	✓	✓
Birth gift	□ 25€		✓	✓
Reflexology session	□ 90€			✓
Mom's gift box	□ 45€			✓
<b>Desired package</b>		□ 239€/day*	□ 359€/day*	□ 649€/day*

\*Prices incl. VAT applicable as of January 1, 2026.

**\*Daily billing applies, including day of admission and discharge, regardless of time (Decree No. 2019-719).**

\*\*Gourmet breakfast = classic breakfast + one pastry + one fruit. \*\*\*Cosmetic products.

You may also request an extra bed for a guest in your private room (€50 per night, breakfast included) and guest meals (€14 per meal).

By signing this document, I acknowledge:

- the price of the above special comfort services and expressly request the chosen service;
- that rooms of the Serenity and Prestige types are subject to availability on the admission date
- that these costs will be borne by the patient or their insurance, if applicable;
- that without selection, no comfort service will be provided and standard meals will be served.

Signatory status: ☐ Patient ☐ Other (please specify name and status .....

Done in PARIS, on ..... Signature

## RATES INCLUDING TAXES AS OF JANUARY 1, 2026

Clinique Sainte Thérèse | Maternity

9 rue Gustave Doré, 75017 PARIS | Ph : 01 44 01 00 50



### HOTEL SERVICES FOR SPECIAL REQUESTS

These services are offered at the express request of the Patient. In the absence of choice, no comfort services will be offered and standard meals will be served.

### Double Room (A la carte services)

Équipement	
TV	Included
Wifi unlimited	Included
Bath towels	8€
Bathrobe	8€
Restauration	
"Gourmand" Breakfast**	15€
Services et accessories	
Welcome kit**	Included
Slippers	Included
Baby gift	25€
One reflexology session	90€
Mother gift	45€

\* Rates including tax applicable as of January 1, 2026. Billing per day, including the day of entry and exit, regardless of the time of entry or exit (decree no. 2019-719).

You can also benefit from a guest meal at the price of €14.

I undersigne Mrs .....

Certifies,

1. that I have been informed of the applicable rates as well as the conditions for reimbursement of hospitalization costs by the health insurance funds (and my complementary mutual).
2. That I am aware of the amount of the supplements charged for individual rooms and desire a room ..... at the rate of .....€ per day including the day of departure.
3. Having been informed that the clinic only accepts mutual reimbursement which covers the totality of hotel supplements and that in the event of partial reimbursement, I should advance the payment of these hotel supplements for which an invoice will be ill be issued to allow me to then be reimbursed by my complementary mutual insurance.
4. Having been informed that most of the practitioners (Gynecologist, Obstetrician, Anesthetist, Pediatrician and possibly Osteopath), who practice within the clinic, are authorized by agreement with the health insurance funds to practice excess fees that I should pay to them, through the clinic's secretariat, upon my discharge and for which an invoice will be given to me so that I can be reimbursed by my complimentary insurance according to the specific conditions of my contract (coverage from mutual insurance companies for fee overruns are not accepted). Excess fees for the obstetrician-gynecologist and the anesthesiologist will be communicated to you during the consultation. Excess fees for pediatricians are set at €300 (€150 birth consultation and €150 discharge consultation). the price of the osteopath's consultation will be communicated to you directly by the practitioner.

The amount of these excess fees must, in accordance with the regulations in force, be communicated to you, in writing, by each of the practitioners, prior to admission.

I agree that my presence will be communicated in the event of a visit request?

O Yes / O No

Signed in ..... on the .....

Signature :

# INFORMED CONSENT

For all hospital stays in Medicine,  
Surgery & Obstetrics

( PATIENT TAG)

to be filled by clinic

The purpose of this document is to obtain your consent to the medical diagnostic or therapeutic procedures that concern you. Under no circumstances does it constitute a release of liability for the doctor or the hospital.

**Radiography and X-rays:** As part of your treatment, you may be exposed to ionising radiation. With patient irradiation, the risk of deterministic effects such as redness depends solely on the dose received by the patient and the duration of exposure to radiation. Given the low doses used and the precautions taken to limit the area examined to a strict minimum, these complications are exceptional.

**For pregnant women,** precautions must always be taken, so it's important to let us know if you might be pregnant.

I, the undersigned, **Mr/Mrs/Ms.....**,  
hereby acknowledge that during my consultations, medical professionals have provided me, in a simple, fair and intelligible manner, all prior information concerning:



- ✓ The possible **risk of infection** associated with hospitalisation.
- ✓ The type of hospitalisation (**full-time or outpatient**).
- If concerned by a surgical, obstetrical or anaesthetic procedure:*
- ✓ The **benefits and risks** of any surgical, endoscopic or interventional procedure and the specific risks associated with my procedure;
- ✓ The benefits and risks of the different types of anaesthesia.

I have also been informed that during the course of my treatment, practitioners may make a discovery or come across an unforeseen event requiring additional or different procedures from those initially planned.

I have had the opportunity to ask questions, and the doctors involved have provided full and satisfactory answers. I have fully understood the answers I have been given and I have had sufficient time to reflect on my decision.



I authorise the medical and paramedical team to **carry out any diagnostic or therapeutic procedures** they deem necessary.

Yes

No

☐☐

I authorise the doctors to order **blood tests**.

Yes

No

☐☐

*if applicable* I agree to be **hospitalised on an outpatient basis** and to be accompanied home on the same day

Yes

No

☐☐

Signed on

In (town/city)

Signature



# INFORMED CONSENT

## SPECIFIC TO CESAREAN SECTION

(PATIENT TAG)  
to be filled by clinic

Your obstetrician-gynecologist and the clinic's team of midwives will take care of you in the best possible conditions. If you have a specific birth plan, do not hesitate to share it with your gynecologist or midwife when compiling your file at the clinic. You will then discuss the possibilities of carrying out your project within the clinic.

Expected birth date : .....

### WHAT IS A CESAREAN SECTION?

Caesarean section allows delivery through an incision in the abdomen and uterus, when conditions, in the mother or in the child, are not favorable for delivery by natural means. Caesarean section is a common procedure whose procedure is simple in the majority of cases.

### HOW IS THE OPERATION PROVIDED?

The procedure is most often performed under locoregional anesthesia (epidural or spinal anesthesia). However, general anesthesia is sometimes necessary, depending on your case and the decisions of the surgeon and anesthesiologist. The opening of the abdomen is most often done through a horizontal incision. Sometimes a vertical incision is preferable due to history or special circumstances. The opening of the uterus makes it possible to extract the child who is entrusted to the midwife or pediatrician. The walls of the uterus and abdomen are then sutured.

### WHAT HAPPENS AFTER A CESAREAN SECTION?

The consequences of a cesarean section and the duration of hospitalization are a little longer than those of a natural birth. On the other hand, you will be able to breastfeed and take care of your child as after a vaginal birth. Caesarean section does not prevent other pregnancies later. However, it is prudent to wait a year before starting a new pregnancy. Apart from certain cases, a natural birth can most often be considered for subsequent pregnancies.

### ARE THERE ANY DISADVANTAGES OR RISKS?

Caesarean section is a common procedure whose procedure is simple in the majority of cases.

Certain risks may be increased by your condition, your history or by treatment taken before the operation. It is imperative to inform the doctor of your history (personal and family) and of all the treatments and medications you are taking, as well as any allergies.

During the operation, damage to organs near the uterus may occur in exceptional cases: injury to the bladder, urinary tract, intestine or blood vessels, requiring specific surgical treatment. In the exceptional case of hemorrhage from the uterus that could threaten the patient's life, a transfusion of blood or blood products may be necessary. In this situation, if the specific medical and surgical treatments implemented to treat the hemorrhage are ineffective, it may very exceptionally be necessary to perform a hysterectomy (removal of the uterus to stop the bleeding). Following the procedure, the first 24 hours are often painful and require analgesic treatments. Sometimes, a hematoma or infection (abscess) of the scar can occur, most often requiring simple local care. It is not uncommon for a urinary infection to occur, generally not serious, after a cesarean section. Except in special cases, anticoagulant treatment is prescribed during the period of hospitalization in order to reduce the risk of phlebitis (formation of a clot in a leg vein) or pulmonary embolism. He will possibly be continued for some time. Exceptionally, hemorrhage or severe infection may occur in the days following the operation and require specific treatments, or even re-operation. Like any surgery, cesarean section can very exceptionally carry a life risk or serious after-effects.

## INFORMATION IN CASE OF CESAREAN SECTION

This information supplements that provided orally by your gynecologist in order to explain to you the principles, advantages and potential disadvantages of this intervention.

## IN PRACTICE

- **Before the operation:**
  - A pre-anesthetic consultation must be systematically carried out before any intervention
  - You will be hospitalized the day before the cesarean section. The midwives will carry out monitoring and a blood test;
  - The team will tell you the time from which you will need to fast;
  - After any premedication, you will be taken to the operating room;
  - A final obstetric examination is generally carried out before anesthesia is put in place;
  - An infusion will be put in place then anesthesia will be carried out.
  - In the case of general anesthesia, this will be started at the last moment after preparations for the cesarean section.
- **After the operation:**
  - You will be monitored for a few hours in the recovery room or delivery room before returning to your room;
  - There are several post-operative treatments, including early rehabilitation. The anesthetist will explain them to you during the consultation;
  - A small drain (pipe) is sometimes placed for a few days under the wall of the abdomen;
  - Anticoagulant treatment can be started afterwards;
  - Discharge generally takes place between the 4th and 7th post-operative day.
- **After returning:**
  - Moderate vaginal bleeding is common during the postoperative period and can last up to 3 weeks;
  - Showers are possible a few days after the operation but it is recommended to wait three weeks before taking a bath;
  - After returning home, if pain, bleeding, vomiting, fever, pain in the calves or any other abnormality appear, it is essential to inform your doctor. Certains risques peuvent être favorisés par votre état, vos antécédents ou par un traitement pris avant l'opération. Il est impératif d'informer le médecin de vos antécédents (personnels et familiaux) et de l'ensemble des traitements et médicaments que vous prenez.

I, the undersigned, Mr/Mrs/Ms.....

Declares having received specific and personalized information concerning childbirth and its associated risks, on the possibility of cesarean section, on the treatment which will be implemented, information which I consider to be fair, simple, intelligible and appropriate, allowing me to give my informed consent.

Signed in (town/city) ..... On (date) .....

Signature preceded by the words "read and approved":



# INFORMED CONSENT

## SPECIFIC TO LABOR INDUCTION

(PATIENT TAG)

to be filled by clinic

### WHAT IS LABOR INDUCTION ?

Induction involves causing contractions of the uterus to start labor (i.e. the process that leads to delivery). When there is no medical reason to induce labor, this is called “convenience” or “principle” induction or even a “planned birth”.

### WHEN CAN ARTIFICIAL INDUCTION OF CHILDBIRTH BE CONSIDERED?

An artificial induction of labor may be offered to you for a medical reason or be considered for reasons of convenience (without medical indication).

- **Triggering for medical reasons**

If artificial induction of labor was offered to you for a medical reason, linked to your state of health and/or that of your child, details have been provided to you by the medical team.

Apart from the case of a pathological pregnancy, two situations may lead to consideration of induction:

- **Prolonged pregnancy (exceeding term):** Exceeding the term can in some cases constitute a risk for the child. This is why, if you have not given birth on the expected due date, you have been offered regular monitoring and possibly induction.
- **Premature rupture of the water bag:** Premature rupture of the water bag before the start of labor can sometimes lead to infection in the child. For this reason, artificial induction of labor is usually offered after a certain waiting time on antibiotics determined by your gynecologist.

- **“Scheduled” or “convenience” triggering**

When there is no medical reason to induce labor, a “convenience induction” also called “planned birth” can be considered after consultation with your doctor. This type of induction can only be performed at the end of pregnancy (from the 39th week, or approximately 8 and a half months).

If you have requested a convenience trigger, you can change your mind until the trigger has started. It may happen that the medical team cannot perform induction because all the organizational and safety conditions are not met.

### IN PRACTICE

- You will generally be admitted to the maternity ward the same morning as the induction.
- The most common triggering method involves an infusion of oxytocin (Syntocinon®), a product which causes contractions, associated with an artificial rupture of the water bag. Some teams use other techniques which will be presented to you during your meeting.

This information sheet may not answer all your questions. In any case, do not hesitate to ask the obstetrician or the medical team, all the questions you want.

I, the undersigned, Mr/Mrs/Ms.....

- ☐ I acknowledge having read this information and agree to the induction of labor if necessary.
- ☐ I acknowledge having read this information and wish to trigger it conveniently.

Signed in (town/city) ..... On (date) .....  
Signature preceded by the words “read and approved”:





# INFORMED CONSENT

## Newborn care

(PATIENT TAG)

to be filled by clinic

The purpose of this document is to obtain your agreement to provide care for your newborn. It must be signed by legal representatives.

Every newborn must benefit after birth from various treatments provided by the healthcare and pediatric team. Their aim is to verify that it is well adapted to extra-uterine life and to screen for anomalies (malformations, infections, metabolic disorders, etc.).

All treatments and examinations will be explained to you before they are carried out. For some, specific consent will be requested. This is the case, for example, for the neonatal screening test (Guthrie test).

Parent 1 :

I, the undersigned, M.../Mrs....., authorizes cares for my to be born child.

Date

City

Signature (parent 1 or legal representative) :



Parent 2 :

I, the undersigned, M.../Mrs....., authorizes cares for my to be born child.

Date

City

Signature (parent 1 or legal representative) :



# INFORMATION ON ANAESTHESIA

This document is intended to inform you about anaesthesia and the associated benefits and risks.

**Please read it carefully so that you can give your consent to the anaesthetic procedure proposed by the anaesthetist.**

You can also ask this doctor questions about the procedure. Questions relating to the procedure for which the anaesthesia is required should be answered by the specialist who will performing that procedure.

## What is anaesthesia?

Anaesthesia refers to a set of techniques used to eliminate or reduce pain during surgical, obstetrical or medical procedures (endoscopy, radiology, etc.).

**There are two main types of anaesthesia: general anaesthesia and locoregional anaesthesia.**

- **General anaesthesia** is a sleep-like state induced by injecting drugs intravenously and/or by breathing in anaesthetic vapours using an appropriate device.
- **Locoregional anaesthesia** uses different techniques to only put to sleep the part of your body that will be operated on. The idea is to block the nerves in this area by injecting a local anaesthetic close to them. General anaesthesia may be used in addition or may become necessary, particularly if the locoregional anaesthesia is inadequate.
- **Spinal anaesthesia and epidural anaesthesia are two particular forms of locoregional anaesthesia**, where the anaesthetic product is injected close to the spinal cord and the nerves that emerge from it.

Any anaesthesia, whether general or locoregional, carried out for a **non-urgent procedure requires a consultation several days in advance**, and you will see the anaesthetist again before your operation.

As with the anaesthesia itself, all consultations are carried out by an anaesthetist. **During your consultation and visit, you will be invited to ask any questions you feel are useful.** The type of anaesthesia chosen will depend on the planned procedure, your state of health, and the results of any additional tests prescribed.

The final choice will be the decision and responsibility of the anaesthetist performing the anaesthesia.

## How will you be monitored during the anaesthesia and when you wake up?

Anaesthesia, whatever the type, takes place in a **room containing suitable equipment** that is appropriate for your situation and checked before each use. Everything that comes into contact with your body is **either single-use, disinfected or sterilised**.

Following the operation, you will be taken to a **post-operative monitoring room** (recovery room) for continuous monitoring before returning to your room. During anaesthesia and your stay in the post-operative monitoring room, you will be cared for by **specialist, qualified nursing staff, under the responsibility of an anaesthetist**.

## What are the risks associated with anaesthesia?

In the vast majority of cases, anaesthesia is performed without any particular problems; however, even when it is carried out competently and in accordance with the latest scientific knowledge, anaesthesia involves a share of risk. **The current conditions for monitoring anaesthesia and the recovery period mean that any abnormalities can be rapidly detected and treated.**

**Serious complications of anaesthesia (cardiac, respiratory, neurological, allergic or infectious) have become very rare.**

Apart from serious complications, anaesthesia and surgery are sometimes followed by **unpleasant events**. These risks and disadvantages are not systematic. They also depend on your own sensitivity, your state of health, and the duration and type of anaesthesia.

### **What are the specific disadvantages and risks associated with general anaesthesia?**

All the **symptoms mentioned are usually temporary and if they persist, you should report them** as soon as possible:

- To be on the safe side, you will be asked to **stop eating, drinking and smoking before the anaesthesia**. Not eating or drinking avoids the serious risk of vomit entering the lungs. These instructions must therefore be followed.
- **Nausea and vomiting** may occur on waking.
- **Painful reddening of the vein** into which the products were injected may be observed.
- Inserting a tube into the trachea (intubation) or throat (laryngeal mask) to ensure breathing during anaesthesia may cause a **sore throat** or hoarseness on waking.
- Dental trauma may also occur. That's why it's important to **report any prosthesis** or any particular **dental** fragility.
- Being on the operating table for a long period of time can lead to compression, particularly of certain nerves, which may cause **numbness** or, exceptionally, temporary paralysis of an arm or leg.
- After general anaesthesia, memories of the operation may remain. You may experience

**memory problems or impaired concentration** in the hours following the anaesthesia.

**Unforeseeable life-threatening complications such as severe allergy, cardiac arrest and asphyxia are extremely rare.**

### **What are the disadvantages and risks associated with locoregional anaesthesia?**

Any locoregional anaesthesia may be **incomplete and require additional** anaesthetic, or even general anaesthesia. This warrants the same **fasting instructions as for general anaesthesia**.

**Respiratory complications may occur** during certain cases of upper limb or thoracic anaesthesia. **All locoregional anaesthetic techniques can give rise to rare but serious complications:** varying extents of temporary or permanent paralysis and/or numbness, stroke, seizures, or damage to a nearby organ. As with general anaesthesia, nausea, vomiting, itching, temporary memory problems or impaired concentration may occur in the hours following anaesthesia.

**Anaesthesia of the eye** can cause specific side effects, such as diplopia (double vision) or, more rarely, an eye sore. This may lead to temporary or permanent after-effects, such as blurry vision or loss of vision.

The rare but serious complications associated with general anaesthesia and locoregional anaesthesia are not the same, but according to current scientific knowledge, neither technique appears to be statistically riskier than the other.

**Each of these techniques has specific advantages and disadvantages. Only your anaesthetist can tell you about the options available to you, based on your individual situation, which is always unique.**

# MUTUEL CONSENT

## FOR ANAESTHSIA

(PATIENT TAG)

to be filled by clinic

I, the undersigned, **Mr/Mrs/Ms** .....



During the anaesthesia consultation on ...../..... /..... with Dr:

- I feel I was sufficiently informed of the benefits and risks associated with anaesthesia.
- I was able to ask all the questions I felt were useful and I fully understood the answers I received.
- I agree to any changes in methods that may be necessary during the operation.
- I feel I was sufficiently informed about transfusion risks.

I agree to the transfusion of blood or blood derivatives as deemed essential by the anaesthetist.	Oui <input type="checkbox"/>	Non <input type="checkbox"/>
---	------------------------------	------------------------------

Signed in (town/city) ..... On (date) .....



Signature preceded by the words “read and approved”:

# INFORMATION ON TRANSFUSIONS DURING HOSPITALISATION

## What is the purpose of a blood transfusion?

A transfusion is a treatment that may be necessary if there is a shortage of red blood cells, platelets, clotting factors or white blood cells.



If you require a blood transfusion during your stay, **we will provide you with an information document and a consent form** concerning the transfusion of blood or blood derivatives deemed essential by the doctor.

### Red blood cells:

- They transport oxygen to tissue.
- Red blood cell transfusions are particularly necessary in cases of severe anaemia.

### Plasma:

- It enables blood to clot.
- Plasma transfusions are necessary to prevent or help stop bleeding.

### Platelets:

- They are essential for the formation of a clot.
- Platelet transfusions are necessary to prevent or help stop bleeding.

### White blood cells:

- They help defend against infection.
- White blood cells need to be transfused when they are practically absent from the blood.



## Special cases

During surgery, the decision to transfuse may be taken while you are under anaesthesia.

If you do not wish to receive a transfusion, remember to indicate this in your **advance directives** (patient's rights) and inform your nursing team.

## Transfusion risks

Reactions may occur during and after transfusion. *Examples: rash, chills, fever with no infectious cause.*

Other risks are linked to blood groups and are therefore limited by our barrier measures:

- Your **identity will be verified** throughout your treatment,
- Your **blood group will be checked** on admission and before any transfusion,
- We carry out various **serological blood tests** before any scheduled transfusion.

## Consent

If your state of health requires a blood transfusion, you need to be informed of the benefits and risks associated with transfusion, and also of the tests to be carried out before and after the procedure. The doctor who prescribes the transfusion will provide you with this information.



# INFORMATION ON THE USE OF MEDICATION DURING HOSPITALISATION

Any medicine can cause adverse effects:



- When its concentration in your body is too high
- When you react abnormally in its presence
- If it is used incorrectly



That's why it's important to follow the instructions of your doctor and nursing team, and not to change your treatment yourself or take another medicine without asking them for advice.

The use of medicines other than those supplied by the hospital is prohibited, in particular to avoid any risk of overdosing.

The most frequently observed signs of adverse effects are as follows:



- Drowsiness
- Unusual fatigue
- Dizziness or even a fall
- Digestive problems (nausea, vomiting)
- Cramps or unusual muscle pain
- Bleeding.

On your arrival, the nursing staff will put your personal medication in a safe place in accordance with the hospital's protocol. It will be returned to you when you are discharged, along with your new prescription.

To reduce the risk of adverse effects:

- You should bring your GP and specialist prescriptions with you!

- You should inform the doctor and nursing team of all the prescription and over-the-counter medicines you usually or occasionally take (eye drops, ointments, food supplements, etc.)



- You should not take any medicines without medical advice, even if they are sold over the counter, without a prescription



You should scrupulously follow the instructions given by the doctor or nursing team (prescribed quantities, times of use, etc.)



You should inform the doctor or nursing team of any change in your state of health or if you experience anything unusual.

You can ask the doctor or nursing team for advice or for any information about your treatment



The highest-risk medicines are as follows:

- Oral anticoagulants
- Diabetes medicines
- Medicines for heart and vascular conditions
- All anti-inflammatory drugs, even those used for pain relief
- Tranquillisers and sleeping pills

# DESIGNATING A PERSON TO NOTIFY & A TRUSTED PERSON

(PATIENT TAG)  
to be filled by clinic

**Person to notify:** All patients **must** designate one or more persons to notify during their treatment.

## Roles and responsibilities:

The person to notify will be contacted by the medical and nursing team if any particular organisational or administrative **events** occur during your stay. *Examples: Transfer to another health facility, discharge from the hospital, etc.*

SURNAME:	FIRST NAME:
TELEPHONE NUMBER:	RELATIONSHIP WITH THE PATIENT:

**Trusted person:** All patients **may** designate a trusted person during their treatment.

### What is their role?

Accompanying you and attending medical appointments; helping you with decision-making; acting as a liaison between you and the nursing staff.

They will be consulted if you are unable to express your wishes or receive information.

### Who are they?



→ A close friend

→ A relative

→ Your GP

### When should they be

At any time in your Digital Health Space or **with your nursing team**

No time limit.

Revocable at any time.

I would like to appoint a trusted person: ☐ YES ☐ NO

### I, the undersigned:

Customary name, surname at birth, first & middle names:

Date and place of birth:

### Designate the following trusted person

Customary name, surname at birth, first & middle names:

Address:

Private telephone:

professional:

mobile:

Email:

Relationship with the patient:

I have informed them of my advance directives:

Yes ☐

No ☐

They have a copy of my advance directives: Yes ☐

No ☐

Signed on (date)

In (town/city)

Signature of the patient:

Signature of the trusted person:



# WHAT ARE ADVANCE DIRECTIVES?

They are a way for you to express your wishes in writing about the medical decisions to be taken if one day you find yourself in a situation where you can no longer express yourself. They will enable the doctor to find out your wishes regarding medical treatments and procedures.

## 1. How does it work?



### Are they mandatory?

No, anyone over 18 **can** write advance directives.



### When should I write them?

Whenever you like. They can be modified or cancelled at any time and are not time-limited.



### Where and how should I write them?

You can write them using the forms provided by our hospital or on plain paper.

## 2. Who should you talk to about your advance directives?



### Who should I ask for advice?



Your doctor  
Trusted person, close friend, family member  
Patient associations  
Any other person with whom you wish to discuss the matter and who can help you think about it



**Don't forget to tell someone about your advance directives**

### Who should I inform?

Doctor  
Trusted person  
Close friends, family members

## 3. And then, where should you keep them?

### Here's what we



1 copy for you



1 copy in your medical file



1 copy for your trusted person/a family member/a close friend

### Validity of advance directives:

The document must be:

- Written
- Dated
- Signed





# I decide today what I want for tomorrow

## YOU HAVE THE RIGHT TO CHOOSE!

(PATIENT TAG)

to be filled by clinic

Advance directives will enable the doctor to find out your wishes regarding medical treatments. They are not mandatory. This written declaration states your wishes if you are no longer able to express yourself or if your condition deteriorates during your stay.

Anyone over the age of 18 can, if they wish, draw up advance directives. Directives may be revised and revoked at any time. If the person is under legal protection (guardianship or curatorship), they must request authorisation from the judge or, where applicable, the family council.

### Regulatory framework:

- French Act of 22 April 2005 on patients' rights and the end of life
- French Act of 2 February 2016 creating new rights for patients and people at the end of life.

### My directives:

I, the undersigned (full name):

Born on (date): in (town/city):

Residing at (address):

Have already drawn up my advance directives: ☐ YES ☐ NO

My advance directives are known to:			
<input type="checkbox"/> Doctor	<input type="checkbox"/> Trusted person	<input type="checkbox"/> Family member	<input type="checkbox"/> Close friend
Please provide their contact details:			
Surname, first name:			
Telephone:			
Address:			

☐ My advance directives are saved in my Health Space (ENS) of my Shared Medical Record (DMP).

**If not**, and I would like to draw up my advance directives: ask for our guided form (cardiac resuscitation, respiratory assistance, transfusion, artificial nutrition, artificial hydration, etc.); or let us know your wishes:

.....

.....

.....

.....

Signed on (date)

In (town/city)

Signature

