

Virtual reality headset and experience use

A patient's guide and
consent form

Please read the information below carefully and ask your supportive and palliative care team member if you have any questions.

What is virtual reality?

Virtual reality is technology that generally uses an immersive headset device that supplies a 'wrap around' environment and sound. When you put it on, instead of the world around you, you see a completely different place, such as a forest, or a walk through Venice. This is what we call virtual reality, or VR for short. It's like stepping into another world where everything you see or hear has been created by a computer but feels quite real. You can look around and move, just as you would in the real world. It's an immersive experience that can take you to places that you may not be able to visit at the moment.

Is VR suitable for me?

Short periods of VR use have been demonstrated to be relaxing, provide distraction and can be beneficial to wellbeing. This is especially true in circumstances that can be mentally and emotionally draining, such as being in hospital.

A member of the supportive and palliative care team will be able to discuss what might be beneficial for you based on your needs and preferences.

VR is suitable for most people with a few exceptions.

If you think you suffer from any of the following or are unsure, please discuss with the supportive and palliative care team:

- If you are under any special airborne precautions
- If you are under any droplet precautions
- If you have tested positive for certain infections such as carbapenemase-producing enterobacterales (CPE), clostridium difficile or norovirus
- Epilepsy
- Delirium
- Brain injury
- Heart monitor fitted (does not include three-lead ECG)
- Major visual or hearing impairment that would preclude use of VR machine due to visual and hearing elements of the programme
- Head or facial injury or abnormality such that the VR goggles and earphones are unable to fit properly or safely
- History of motion sickness
- Unable to sit up to at least a 45 degree angle
- Inner ear problems, or problems with vertigo
- Spinal injury

Please affix patient label or complete details below.

Full name: _____

Hospital number: _____

NHS number: _____

DOB: _____

PIC 254: patient agreement to PI 254 - Virtual reality headset and experience use

Intended procedure
Use of virtual reality headset, software and accessories

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Statement of health professional

(To be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy).

I have explained the procedure to the patient. In particular I have explained:

The intended benefits

Promotion of wellbeing, promotion of relaxation, reduction in environmental stress, distraction.

Possible side effects

Risk of perceptuomotor side effects such as:

- Nausea
- Vomiting
- Eye fatigue
- Dizziness
- Fatigue
- Seizure (particularly if history of photosensitive reactions)

Statement of patient

Please read the patient information and this form carefully. If the treatment has been planned in advance, you should already have your own copy of which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

Yes No

- I agree** to the procedure or course of treatment described on this form and have read this information leaflet 'Virtual reality headset use' (PI 254) and had the opportunity to ask questions.

- **I understand** what the procedure is and I know why it is being done, including the risks and benefits.

- I have listed below any procedures **which I do not wish to be carried out** without further discussion:

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I have been advised to let my practitioner know:

- If I have ever experienced a fit, faint or funny turn
- History of motion sickness
- If I am cared for under airborne or droplet precautions
- I have any other confirmed or suspected infection such as carbapenemase-producing enterobacterales, clostridium difficile or norovirus

Health professional

Signed:

Date:

Name (PRINT):

Job title:

Contact details
If you require further information at a later date, please contact supportive and palliative care team on 01223 638747.



Please affix patient label or complete details below.

Full name:

Hospital number:

NHS number:

DOB:

- Brain injury
- Spinal issues
- Major visual or hearing impairment
- Anything else I think I should the practitioner know or if my status changes

Patient

I confirm that I have read and understood the above information, and I consent to using a virtual reality headset under supervision:

Patient signature:

Date:

Name (PRINT):

Confirmation of consent
(To be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Signed:

Date:

Name (PRINT):

Job title:

Statement of interpreter (where appropriate)

If an interpreter was present to support this consent, please state the name and number of the interpreter present:

Date:

Interpreter's number:.....

Name (PRINT):

If a telephone / video service has been used, please document the name of the interpreter and company below

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Important notes (tick if applicable).

- Patient has withdrawn consent (ask patient to sign/date here)

Patient signature:

Date:

Name (PRINT):

Please use and attach Consent form C for a young person who is not Gillick competent.

Are there any side effects?

A small number of patients can experience a side effect similar to motion sickness. Symptoms may include nausea, vomiting, eye fatigue, dizziness and problems with your balance. We do not expect this to affect many people due to the nature of the programmes we use with the headset. We aim to reduce the chance of this happening by only using specific comfortable experiences, and only using for shorter periods of time.

If you do experience any of the above symptoms, they are temporary and tend to be short lived and they resolve soon after ceasing any VR experience.

Someone will be nearby in case you experience this, or find the experience overwhelming, or not to your liking.

Is there anything your practitioner needs to know?

If you have a worry about using VR, please let someone from the supportive and palliative care team know.

User experience

You will be asked to complete a short number of questions about your experience both before and after use, as well as space for comments. This is optional but will be used to help improve future experiences and guide service improvement. You may also be asked to complete a few more questions as part of an audit process. Both of these are optional.

Royal Papworth Hospital NHS Foundation Trust

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Alternative versions of this leaflet

Large print copies and alternative language versions of this leaflet can be made available on request.

View a digital version of this leaflet by scanning the QR code.



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