

GUIDELINE ON THE DEVELOPMENT OF PATIENT / PARENT INFORMATION LEAFLETS


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Document Change History

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1.0 Introduction

Child/Family information leaflets must be written in plain clear language to allow them to be easily understood by the reader. For parents of children that are ill the anxiety around illness prevents them from absorbing all the verbal information they receive. This is why it is essential that the written information that is given to families supports the verbal information received by them. It allows them to refer to it at a later stage (Friend, 1998).

2.0 Definition of Guidelines

Guidelines must be accurate, up to date, evidence-based, easy to understand, non-ambiguous and emphasise safety. When followed they should lead to the required standards of performance.

3.0 Applicable to

These guidelines are applicable to nursing staff involved in the creation of information leaflets

4.0 Objectives of the Guidelines


The purpose of the guideline is to promote a streamlined approach to the creation of Patient/Parent Information Leaflets

5.0 Advantages of written information

- They give more detail to patients and parents than you can give verbally
- They support the information given verbally
- They can be kept for future reference
- The information can be easily shared with family and friends
- It ensures that each patient receives the same information
- It acts as a guide for staff giving information

6.0 Disadvantages of written information

- There is a risk they can be used instead of having a discussion
- They cannot be tailored to suit individual patient need
- They are costly in terms of time, effort and money
- The information can go out of date
- Peoples ability to read is variable

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7.0 Considerations prior to writing a leaflet


- Consider the advantages and disadvantages of the Leaflet
- What do you wish to achieve with the leaflet. Do you wish to increase understanding, raise awareness, reduce anxiety and/give instructions.
- Who is the leaflet aimed at, you need to write as you would speak to a person
- Consider the need for translations
- If your audience cannot read, consider audio or other media

8.0 Writing the information

- Write as if you are speaking to the reader. Use words like 'we' and 'you' rather than the patient. Write simply and directly with a soft tone.
- Use plenty of verbs say 'we will do' rather than 'it will be done by us'.
- Use every day English avoid jargon, medical, nursing, legal and explain technical terms if you use them.
- Use images and diagrams if you can
- Use short sentences 15-20 words. Include one main point in the sentence.
- Use full stops not semi-colons.
- Avoid the use of brand names, if you include a medication put in generic and trade name.
- Avoid abbreviations
- Try to keep the leaflet to A4 back to back.
- Use the OLCCHC template as detailed in appendix 1.
- Always include the date, month year the document was created, issue date and review date.
- Include the authors name, grade and department
- Attach a copyright and disclaimer to all leaflets.

9.0 Leaflet layout

- Too much text is off putting
- Columns too close together is confusing
- Short clear separated chunks of text encourage those with reading difficulty to continue reading.
- Spacing between the lines should be 1.5 line spacing
- Arial or Calibri is suitable in black
- Font size should be set:

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- 10 point is too small for most people to read
- 12 point is most suitable
- 14 point is used for large print books, suited to older people and children
- 16 point is used for partially sighted people
- If you need to highlight or emphasise, consider bold or underlining or block capitals, use two option only.
- Dark coloured paper is difficult for reading, blue and purple are worse than others. For partially sighted consider black text on lemon background.

10.0 What to do next.....

- When complete submit the leaflet in draft with draft detailed in watermark to the chair of the Clinical Guidelines Committee for consideration with the guideline.
- The leaflet will then be placed on the hospital Intranet and Internet for use by children and families.


11.0 References and Bibliography

Health Service Executive,(2010), *Plain Language Style Guide for documents*, HSE, Dublin, Ireland

Friend, B. (1998), *Calling a bed a bed*, p. 31-33, Health Service Journal, 5/3/98

Lowry, M. (1995) *Knowledge that reduces anxiety, creting patient information leaflets*. P.318-320, Professional Nurse, UK.

National Adult Literacy Agency (2002) *Health Literacy: Policy and Strategy*, NALA, Dublin, Ireland.

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12.0 Appendices

Appendix 1:




Our Lady's Children's Hospital, Crumlin, Dublin 12

....where children's health comes first

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Appendix 2: Quick checklist for documents

Health Service Executive, (2010), *Plain Language Style Guide for documents*, HSE, Dublin, Ireland

Language, Punctuation and Grammar	Yes	No
1. Does the document use you and we?		
2. Does it use the active voice most of the time		
3. Does it keep jargon to a minimum		
4. Does it explain any specialised terms in clear language		
5. Does it define acronyms		
6. Does it use terms in a consistent way		
7. Does it cut out unnecessary words and details		
8. Does it have an average sentence length of 15 to 20 words?		
9. Does it use correct punctuation?		
10. Does it use the simplest tense?		
11. Does it avoid Latin and abbreviations		
Structure	Yes	No
12. Does it keep paragraphs short		
13. Does it use informative headings to break up text		
14. Does it use bullet points for complex information		
15. Does it organise information according to readers needs		
16. Does it include a natural flow from one point to the next		
Page Design	Yes	No
17. Does it use a readable typeface font and size		
18. Does it avoid underlining , groups of capital letters and italics		
19. Does it align paragraphs to the left and use 1.5 line spacing		
20. Has the document been reviewed by child and family		