

## PRE ĩ OPERATIVE HEALTH OPERATIVE QUESTIONNAIRE FOR ADULT PATIENTS (over 16 y.o.)

Name and surname: ..... Weight  kg  
Date of birth: ..... Phone: ..... Height:  cm

### GENERAL INFORMATION

The anesthesiologist is a medical doctor who is responsible for making patient asleep and keeping him from feeling pain during surgery. Using proper medications anesthesiologist achieves temporary suppression of central nervous system ĩ general anesthesia ĩ narcosis. Depending on type of surgery, in cooperation with surgeon, anesthesiologist decides on type of anesthesia. During surgery anesthesiologist monitors important vital signs like: breathing, blood circulation. After the surgery anesthesiologist awakens.

### TYPES OF ANESTHESIA:

#### General anesthesia- narcosis

General anesthesia makes the patient unconscious and thus unable to feel pain. The patient is in a state similar to sleep. The drugs are administered intravenously through a computer controlled infusion pump. In order to maintain proper breathing, face masks, laryngeal masks or tracheal intubation are used. The laryngeal mask is the state-of-the-art anesthetic device enabling the passage of breathing gases without irritating the larynx, vocal cords or trachea. It makes the period of falling asleep and awaking less uncomfortable to the patient. Laryngeal masks and intubation tubes are placed after the patient had fallen asleep, and removed in the early phases of waking up after the operation.

#### Sedation ĩ state of calm

Sedation is achieved through intravenous administration of medications. Sedation induces state of sleepiness, eliminates anxiety and fear related to the procedure while maintaining patient's consciousness through the whole time. Sedation is often combined with regional anesthesia.

#### Regional anesthesia (e.g. lumbar, local)

Regional anesthesia eliminates sense of pain in certain part of the body or in the immediate area of surgical wound. For example in lumbar anesthesia anesthetic is injected in certain spot of the spine where nerves come out of the spinal cord. Patient remains conscious during the procedure.

The type of anesthesia is selected individually for each patient. This enables precision during surgery and ensures the least strain on patient's body.

Patients often ask about risks involved in anesthesia. The answer is: life or health threatening complications are extremely rare. **They can be prevented by taking following precautions which we ensure to our patients:**

- thorough health assessment,
- analysis of additional test results,
- analysis of previous operations,
- analysis of diseases occurring in the family,
- close cooperation between anesthesiologist and surgeon,
- use of safe (new generation) anesthetics; they are easy to control, safe, short-acting and reduce adverse post ĩ operative effects such as nausea, vomiting, sleepiness,
- choosing optimal anesthesia,
- providing proper nursing care.

In order to collect important information considering your health, we have prepared an anesthesia questionnaire. Please take time to fill it out and bring it with you to the consultation meeting with our anesthesiologist along with the medical documentation you have, like test results, discharge summaries, x-rays etc.

Please circle the correct answer: (Y = YES, N = NO)

- |    |   |                          |                          |                                  |
|----|---|--------------------------|--------------------------|----------------------------------|
| 1  | Previous surgeries/procedures   | Y                        | N                        | Please describe if answered YES: |
| 2  | Complications during previous anesthesia  | Y                        | N                        | .....                            |
| 3  | Family history of complications during anesthesia   | Y                        | N                        | .....                            |
| 4  | Have you had a blood transfusion?   | Y                        | N                        | .....                            |
| 5  | Are you under specialist care due to a chronic disease or illness?  | <input type="checkbox"/> | <input type="checkbox"/> | .....                            |
| 6  | Do you take any medications?  | <input type="checkbox"/> | <input type="checkbox"/> | .....                            |
| 7  | Do you take any sleeping medications/sedatives/narcotics/nicotine substances (cigarettes, cigars)?  | <input type="checkbox"/> | <input type="checkbox"/> | .....                            |
| 8  | Do you drink alcohol on regular basis (how often)?  | <input type="checkbox"/> | <input type="checkbox"/> | .....                            |
| 9  | Are you/might be pregnant?  | Y                        | N                        | .....                            |
| 10 | Have you taken any drugs against flu, painkillers, anticoagulants, antirheumatic medications, drugs containing acetylsalicylic acid (like Aspirin) during the last 14 days? | Y                        | N                        | .....                            |
| 11 | Do you practice regular/competitive sport?  | Y                        | N                        | .....                            |

**Are you or have you ever been treated for any of these diseases?**

**12. Circulatory system**

- |                                      |   |   |
|--------------------------------------|---|---|
| hypertension                         | Y | N |
| coronary heart disease               | Y | N |
| myocardial infarction (heart attack) | Y | N |
| abnormal heart rhythm                | Y | N |
| varicose veins in the legs           | Y | N |

**13. Respiratory system**

- |                                |   |   |
|--------------------------------|---|---|
| pneumonia or bronchitis        | Y | N |
| chronic bronchial inflammation | Y | N |
| asthma                         | Y | N |
| tuberculosis                   | Y | N |
| dyspnea                        | Y | N |

**14. Liver diseases**

- |                 |   |   |
|-----------------|---|---|
| Jaundice        | Y | N |
| liver cirrhosis | Y | N |

**15. Digestive system**

- |                           |   |   |
|---------------------------|---|---|
| stomach ulcer             | Y | N |
| duodenal ulcer            | Y | N |
| hiatus hernia             | Y | N |
| esophageal reflux disease | Y | N |

**16. Metabolic diseases**

- |                        |   |   |
|------------------------|---|---|
| diabetes               | Y | N |
| thyroid gland diseases | Y | N |
| porphyria              | Y | N |
| gout                   | Y | N |

**17. Kidney diseases**

- |                             |   |   |
|-----------------------------|---|---|
| kidney stones               | Y | N |
| kidney inflammation         | Y | N |
| difficulties with urination | Y | N |
| prostate gland hypertrophy  | Y | N |

**18. Nervous system**

convulsions, for example epilepsy Y N  
 apoplexy/stroke Y N  
 paralysis Y N  
 cerebral blood flow disorders Y N  
 meningitis Y N

**19. Neuromuscular system**

myasthenia Y N  
 muscular dystrophy in the family Y N  
 muscular dystrophy Y N

**20. Skeletal system**

impaired mobility Y N  
 vertebral diseases (cervical spine) Y N  
 rheumatic disease like rheumatoid arthritis Y N

**21. Eye diseases**

glaucoma Y N  
 cataract Y N

**22. Ear diseases**

deafness Y N  
 balance disorders Y N

**23. Psychiatric disorders**

neurosis Y N  
 depression Y N  
 anorexia Y N  
 other Y N

**24. Blood and blood clotting disorders**

spontaneous nose or gingival bleeding Y N  
 tendency to bruising Y N  
 prolonged wound healing Y N  
 blood clotting disorders Y N  
 blood clotting disorders in the family Y N  
 anemia Y N

**25. Oral cavity**

difficulties with opening mouth Y N  
 loose teeth Y N  
 dental prosthesis, bridges, implants, crowns Y N  
 permanent braces Y N  
 removable braces Y N

**26. Allergies**

Drugs Y N  
 Inhalant allergies Y N  
 food allergies Y N  
 soy allergy Y N  
 contact allergies/ patches/band aids Y N

**27. Other**

antibiotic therapy within the last 3 months 

Y	N
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 autoimmune diseases 

Y	N
---	---

  
 immunosuppressant treatments 

Y	N
---	---

  
 cancer disease (current or past) 

Y	N
---	---

  
 implants (other than dental) 

Y	N
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If you answered yes to any of questions 12-27, please describe:

.....

.....

.....

.....

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.....

**28. Other diseases not listed in this questionnaire**

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**EPIDEMIOLOGY QUESTIONNAIRE (possibility of infection assessment)**

**A. General**

If answered Yes please describe:

29. Past Hepatitis B, Hepatitis C

Y	N
---	---

30. Hepatitis B vaccination

Y	N
---	---

31. Hepatitis B, Hepatitis C, HIV carrier

Y	N
---	---

32. Contact with Hepatitis B, Hepatitis C, HIV carrier

Y	N
---	---

**B. Last 6 months**

33. Small medical procedures (eye, dental, ENT, urologic)

Y	N
---	---

34. Surgical procedures, endoscopy

Y	N
---	---

35. Medical procedures involving skin puncture (injections, vaccinations, IV treatments, blood transfusions, biopsies, punctures)

Y	N
---	---

36. Cosmetic/hair treatments involving skin puncture (dermabrasion, tattoos, laser treatments, acupuncture, haircut etc.)

Y	N
---	---

37. Hospitalizations

Y	N
---	---

**C. Last 12 months**

38. Hospitalization on the territory of Mazowieckie region

Y	N
---	---

39. Stay at the long term medical care facility

Y	N
---	---

40. Klebsiella pneumoniae carrier

Y	N
---	---

41. Contact with medical care in India, Pakistan, countries of northern Africa

Y	N
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**I DECLARE THAT ALL GIVEN ANSWERS ARE TRUE AND ACCORDING TO MY BEST KNOWLEDGE ABOUT THE STATE OF MY HEALTH.**

**I declare that I read and acknowledged information in "Contract for performing operation".**

.....

.....

Warsaw, date and signature of the patient

Date and signature of the doctor

To be completed by the anesthesiologist during the consultation

## ANESTHESIA CONSENT FORM

Anesthesiologist explained to me the anesthetic procedure before, during and after the operation. I understood the explanations and I asked all questions I had regarding the anesthesia and possible complications. I have no further questions.

I have no further questions.

I consent to conducting the following procedure:

.....  
type of procedure

Procedure will be performed :

- In sedation
- In general anesthesia
- In regional anesthesia

I agree for medically justified additional medical procedures (for e.g. additional IV catheterization, fluid IV, blood transfusion) and if medically necessary change in the type of anesthesia.

I declare that had enough time to make a decision and I give my independent and informed consent.

.....  
Warsaw, date and patient's signature

.....  
date and doctor's signature

To be completed by the staff of the hospital ward

INFECTION RISK ASSESSMENT

Born < 1943

Risk of infection: . . . . .

0-3 no risk, 4-6 low, 7-9 medium, 10 high

To be completed by the Patient on the day of surgery

**DECLARATION ON THE DAY OF PROCEDURE**

**1. Following the pre-operative instruction:**

- I ate my last meal at: . . . . .
- I drank still water at : . . . . .
- Prior to surgery I removed rings, necklaces, watches, earrings, etc.
- I will remove Removable braces and eye lenses before the surgery
- For 2 weeks before the operation I did not take any drugs containing acetylsalicylic acid such as: Acard, Alka-Prim, Alka-Seltzer, Ascodan, Aspirin, Asprocol, Calcipiryna, Etopiryna, Polocard, Polopiryna, tablets against flu, Upsarin. CAUTION: does not pertain to patients taking these drugs regularly in 75mg/a day

**2. My health has not changed since the anesthesiologist consultation**

Are you/might be pregnant?    Yes    No

- 3. I declare that I had enough time to read and acknowledge information in Contract for performing operation**
- 4. I was informed about the scale of risk of infection**

**CAUTION!**

If patient does not stay at the hospital overnight it is recommended for him to be accompanied by another adult person during the first night.

For the first 24 hours after the operation is finished it is forbidden by law to operate mechanical vehicles and/or to make important decisions (due to possibility of prolonged effect of anesthetics).

.....  
Warsaw, date and patient's signature

.....  
date and medical staff signature