

PRE-OPERATIVE ANESTHESIA QUESTIONNAIRE

FOR THE PATIENTS UNDER 15 YEARS OF AGE (CHILDREN)

Name and surname of the child:

Date of birth: Phone number:

Weight: Height:

An anesthesiologist is a doctor who anaesthetizes the patient (puts the patient to sleep). By using certain drugs the doctor causes transient suppression of the function of the central nervous system which is called general anesthesia=narcosis. General anesthesia is the most frequent choice in the case of children. During the procedure the anesthesiologist controls all the important vital functions such as: breathing, blood circulation, and awakes the patient after the procedure.

ANESTHESIA

About 30 minutes before the anesthesia the child is given sedative and sleeping syrup or a tablet. The child goes to the operating theater with a parent/caregiver to feel more comfortable. An intravenous access is usually used in the case of older, cooperative children. Younger children are usually anesthetized with the use of a face mask. Intravenous drug injection is better for children as falling asleep is faster and calmer. As soon as the child falls asleep, the parent/caregiver leaves the operation theater.

At CM Krajmed we use slow awaking technique after the operation- this diminishes postoperative stress. After the procedure, the sleeping child is transferred to the postoperative room, where the patient is observed for approx. 30 minutes. After waking up, children usually feel well. They are seldom weepy, irritated or complaining about pain.

The child informed about the planned surgery feels better and is calmer. You should ensure your child that they are not going to feel any pain or other unpleasant sensations.

Parents often ask about anesthesia-related risks. The answer is that life or health threatening complications are extremely rare. They can be prevented by taking the following precautions:

- Thorough patient's health assessment,
- Analysis of additional test results,
- Analysis of previous operations,
- Analysis of diseases occurring in the immediate family,
- Close cooperation between anesthesiologist and surgeon,
- Use of safe (new generation) anesthetics; they are easy to control, safe, short-acting and they reduce adverse post-operative effects such as nausea, vomiting, long-time sleepiness after the operation
- Selection of optimal anesthesia
- Providing proper nursing care

In order to have the most important information considering your health, we have prepared an anesthesia questionnaire. Please fill it in and bring to the consultation meeting with our anesthesiologist along with the medical documentation you have, such as your child's health certificate, test results, discharge summaries etc.

21. Oral cavity

- Abnormal dental occlusion **Y N**
- Cleft palate **Y N**
- Loose teeth **Y N**
- Crownwork **Y N**
- Removable orthodontic brace **Y N**
- Permanent orthodontic brace **Y N**

If you answered YES to any of questions 15-24, please describe:

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22. Nervous system

- Tremors **Y N**
- Epilepsy **Y N**
- Meningitis **Y N**
- Cerebral palsy **Y N**
- ADHD **Y N**
- Anorexia **Y N**
- Genetic disorders **Y N**
- Sight disorders **Y N**

Other:

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23. Hematologic diseases or coagulation disorders

- Spontaneous bleeding **Y N**
- Prolonged bleeding after injuries **Y N**
- Tendency to bruising **Y N**
- Prolonged wound healing **Y N**
- Hemophilia (also in the family) **Y N**
- Coagulation disorders in the family **Y N**
- Anemia **Y N**
- Blood transfusions **Y N**

Other:

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24. Allergies

- Ingested allergens **Y N**
- Protein allergy **Y N**
- Soya **Y N**
- Inhaled allergens **Y N**
- Drugs **Y N**
- Contact allergens/ patches **Y N**

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Other important health issues:

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2. EPIDEMIOLOGICAL INTERVIEW (assessment of the possibility of infection)

A. GENERAL

Answers YES (in points 26-38) please describe (when, treatment used, etc.)

26. Past diseases: Hepatitis B, Hepatitis C Y N
27. Carrier of hepatitis B, hepatitis C, HIV Y N
28. Carriers of hepatitis B, hepatitis C, HIV in the immediate environment Y N

B. LAST 6 MONTHS

29. Vaccinations (including hepatitis B) Y N
30. Minor medical procedures (e.g. ophthalmologist, dentist, otolaryngologist, urologist) Y N
31. Surgical operations, endoscopies Y N
32. Medical procedures that affect the skin (e.g. injections, vaccinations, IV drips, blood transfusions, biopsies, punctures) Y N
33. Cosmetic and hairdressing treatments that disrupt the continuity of the skin (e.g. dermabrasion, tattoos, lasers, acupuncture, haircuts, etc.) Y N
34. Hospitalization Y N

C. LAST 12 MONTHS

35. Hospitalization in hospitals of the Masovian Voivodeship Y N
36. Stay in long-term care facilities Y N
37. Klebsiella pneumoniae carrier type NDM/KPC/OXA-48 Y N
38. Contact with medical care in India, Pakistan, North African countries Y N

I DECLARE THAT THE INFORMATION PROVIDED IS TRUE AND GIVEN IN ACCORDANCE WITH MY KNOWLEDGE OF MY CHILD'S HEALTH CONDITION.

I declare that I have read the information and terms of the "Agreement for the performance of surgery".

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Warsaw, date and signature of parent/guardian

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date and signature of doctor

Completed by the anesthesiologist during the consultation

CONSENT TO ANESTHESIA

The anesthesiologist talked to me about the procedure before, during and after my child's surgery. I understood the explanations and asked all the questions I wanted to know about the anesthesia and possible complications. I have no additional questions.

I consent to the planned procedure:

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Type of procedure

was performed under:

sedation

general anesthesia

regional anesthesia

I also consent to medically justified accompanying procedures (e.g. additional intravenous catheterization, fluid or blood transfusion) if necessary, changing the method of anesthesia.

I declare that I had sufficient time to make a decision and I express my consent consciously and independently.

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Warsaw, date and signature of parent/guardian

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date and signature of doctor

Completed by the ward staff

INFECTION RISK ASSESSMENT (completed by the medical staff)

Age <2 years

Y	N
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Infection risk:

0 – 3 none, 4 – 6 low, 7 – 9 medium, ≥ 10 high

DECLARATION on the day of the procedure

1. Fulfillment of pre-operative recommendations:

- The child ate its last meal at
- The child drank still water at
- Earrings, rings, chains, watches and hairpins were removed before the procedure,
- I will remove my child's removable orthodontic appliances and contact lenses for the duration of the surgery,
- For 2 weeks before the surgery, no medications containing acetylsalicylic acid were used, e.g. Acard, Alka-Prim, Alka-Seltzer, Ascodan, Aspirin, Asprocol, Calcipiryna, Etopiryna, Polocard, Polopiryna, flu tablets, Upsarin.

2. There have been no significant changes in my child's health since the anaesthesiology consultation

3. I have had the opportunity and sufficient time to familiarize myself with the "Consent to surgery" document

4. I have been made aware of the risk of infection

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Warsaw, date and signature of parent/guardian

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date and signature of medical personnel