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ANAESTHESIA QUESTIONNAIRE

Patient's forename and surname											
PESEL Social Security Number/Date of birth of the patient*											
Address of residence											
Height	. cm	Weight	kg	ASA							
Anaesthesia	for su	rgery	for test								
Name of surgery/test											
		Dear Patie	ent,								
please read the information contained in the first part of the form carefully. We encourage you to ask questions that will help you understand the topic under discussion.											

1. Introductory information.

Your planned surgery (also called operation) is performed under general anesthesia (popularly known as the narcosis).

The term "general anesthesia" is a completely controlled and reversible abolishing the state of consciousness and perception of pain. Anesthesia is applied by an anesthesiologist and anesthetic nurse. During anaesthesia, the patient is in a state similar to very deep sleep. Sleep and the absence of pain are the result of drugs administered intravenously (via a venflon-type cannula inserted into a peripheral vein) or inhaled (in the form of anaesthetic gas vapours administered for breathing, by the anaesthetic team) During most performed anesthesia, the patient is not breathing alone, and this operation is taken over and controlled or only supported by the device for anesthesia, which is supervised by anesthesic team. The anaesthetised patient's airway is then connected by an endotracheal tube or laryngeal mask, depending on the indications. Intubation, i.e. installing the tube into the trachea is the most reliable respiratory protection, e.g. against getting there gastric contents backwards from the stomach. The anesthesic team also performs 'sedation'. It is a way of putting the patient into pharmacological sleep with his/her own breathing preserved, in order to carry out unpleasant examinations, minor surgical procedures involving pain and all kinds of medical activities requiring the patient to be calm and motionless. Anaesthetic team, throughout the duration of the sugery, under local anesthesia and sedation, supervises sleeping Patient, controlling his breathing, cardiovascular status and watching over his safety.

2. The risks associated with anesthesia.

Despite all the security, there is some risk of anesthesia. This risk is influenced by many factors. On the patient's side, these include age (the risk increases after the age of 70), chronic diseases (especially cardiovascular

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^{*} cross out as necessary



and respiratory diseases), overlapping acute infections, chronic smoking, chronic medication. Anesthetic qualification takes into account all these factors, determines the risk of anesthesia in appropriate scales and the possibility of complications in the period close to operation.

Planned treatment is a treatment with a prepared patient, performed in the best possible health condition. It is the procedure with the least number of possible adverse events.

The most common adverse events include:

bruising of the venipuncture site or the need for re-pricking, hoarseness, sore throat after intubation, throat injury or damage to the vocal cords, nausea and vomiting, damage to teeth, mostly those that are moving, transient rashes as a result of minor allergic reactions to drugs.

Heavy and very serious complications are very rare and they include:

profound drop in blood pressure, cardiac arrest, respiratory arrest, laryngospasm and bronchospasm, choking of gastric contents, anaphylactic shock.

They require immediate treatment and are dangerous to life.

3. Dietary guidelines to prevent complications.

Considering your safety, please apply the following notes:

 Nutritional break (interval of each type of food, including dense juice) is 6 hours; it should absolutely be obeyed,

in the case of clear liquids (water, tea) break is 2 hours.

Usually in the so-called one-day treatments, we allow you to drink half a glass of water or tea before leaving home (2 hours before the treatment), especially if you are travelling from far away – **no later and no more!**

4. Information for Patients taking medications.

Medication taken continuously should usually be continued and not discontinued in the perioperative period. Proceedings shall be agreed during talks with the anesthetist.

Anticoagulants aspirin supplementation in the primary prevention, without previous incidents of coronary heart disease or strokes - shall be put away 5 days before surgery. In other cases, putting away depends on the type of procedure being performed and the condition of the patient. If the Patient is taking other antiplatelet or medicaments reducing blood clotting, bridging therapy is required with the use of low molecular weight heparin.

Anesthetic questionnaire is to improve the safety of anesthesia. Each question refers to certain risk factors. Please fill in the questionnaire and any possible doubts will be explained during a conversation with the anesthetist. Consent to the anesthesia shall be signed in his/her presence. (Please mark the correct answer with X)

_	,		
1.	Have you been treated lately?	YES	
	If so, on what illness?		
2.	What medications are you currently taking?		

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Medicus sp. z o.o. Plac Strzelecki 24 50-224 Wrocław tel.: +48 71 323 63 00 faks: +48 71 323 63 10 info@medicusclinic.pl NIP 8961017023 REGON 930957985 www.medicusclinic.pl



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	3.	Past surgeries:			
		1	year		
		2	year		
		3	year		
		4	year		
		Did you endure the anesthesia well?		YES	□NO
4	ł. Pr	evious illnesses/diseases:			
	1.	Heart disease (infarction, inflammation, myocardial ischae	emia, defect)	YES	□NO
		Cardiovascular disease (high blood pressure, low blood pfatigue, shortness of breath)	oressure, fainting,	YES	NO
	3.	Vascular disease (varicose veins, pain in the calves when poor blood circulation in the legs, phlebitis)	walking,	YES	□NO
	4.	Lung diseases (tuberculosis, pneumonia, emphysema, pr	eumoconiosis)	YES	\square NO
	5.	Respiratory diseases (asthma, chronic bronchitis)		YES	\square NO
	6.	Stomach diseases (inflammation, ulcer)		YES	\square NO
	7.	Liver diseases (jaundice, stasis, steatosis)		YES	\square NO
	8.	Urinary tract diseases (nephritis, kidney stones, difficulty i	n urinating)	YES	
	9.	Metabolic diseases (diabetes, DNA)		YES	NO
	10.	Thyroid diseases (goiter, hyperthyroidism, hypothyroidism	۱)	YES	NO
	11.	Eye diseases (e.g. glaucoma)		YES	NO
	12.	Nerve disease (paralysis, seizures, stroke)		YES	\square NO
	13.	Changes in mood (e.g. depression, neurosis)		YES	\square NO
	14.	Skeletal diseases (e.g. Roots pain, changes in the spine, j muscle weakness)	oints,	YES	NO
	15.	Diseases of the blood and coagulation (e.g. a tendency to	o bleeding, bruises)	YES	□NO
	16.	Allergies (hay fever, rash, allergies to food, drugs, plaster,	iodine)	YES	
	17.	Do you wear dentures or contact lenses?		YES	NO
	18.	Do you smoke cigarettes?		YES	NO
	19.	Are you pregnant?		YES	NO
	20.	When was your last menstrual period?			



Comments from the doctor after the ex	planatory interview:	
Commissioned premedication:		
CONSCIOUS COI		
	RFORM ANESTH gral part of anesthetic questi	
NOTE: The performance of anaesthesis of a patient of legal age.		
To facilitate this decision, information the planned procedure were presented	• •	eaning and possible complications of
STATI	EMENTS OF THE PATIE	ENT
I hereby consent to perform surgery t	ınder anesthesia	
During the conversation with the doc planned surgery.	ctor, I had the opportur	nity to ask any questions about the
I received and thoroughly understood consequences and complications	the information on the p	lanned, anesthesia and any possible
The content informing about anesthes	ia is understood to me.	
By the next day after anesthesia, you a decisions in life, you need to be provid other person. In case of alarming symp	ed with secure transpo	ort home and possibly the care of the
Doctor's signature and stamp	date	Patient's signature
* cross out as necessary		

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