

## Pediatric anesthetic survey

**Patient forename and surname** .....

Social Security number (PESEL):

Date of birth: ..... / ..... / .....

Height: ..... cm      Weight: ..... kg      ASA: .....

Address: .....

Anesthesia:  for surgery       for examination

Which one? .....

### Dear Parents / Guardians!

Please read the information contained in the first part of the form, we encourage to ask questions that will help in understanding the topic discussed.

### 1. Introductory information

The surgery planned for your child (also called operation) is performed under general anesthesia (popularly known as the narcosis).

The term "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.

The child is then in a state similar to a very deep sleep. Sleep and the absence of pain are the result of action of drugs applied by an anesthetic team in the intravenous form (by peripheral venous catheter), or inhaled as anesthetic gases given to breathe. 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 anesthetic team. Air passages of the child are connected with a device by 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 anesthetic team also performs 'sedation'. This is putting the patient to pharmacological sleep with preserved own breath in order to perform unpleasant tests, minor surgery burdened with great pain and all kinds of medical activities that require peace and stillness of the patient.

Anesthetic team, throughout the duration of the surgery, 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; the patient's immaturity (newborns), chronic diseases, overlapping acute infection, smoking among adolescents and exposing small children to remain in the atmosphere of tobacco smoke, preserving the required time since the last feeding. Anesthetic qualification takes into account all the factors determining the state of the Child in perioperative risk scale, which ranks in the easiest way anaesthetic problems and the occurrence of possible complications.

Treatments described as planned, prepared for the children in the selected best health condition, are subject to the fewest and rather minor adverse events. Among them we may mention the following ones:

1. hoarseness, or temporarily changed voice after intubation, sore throat, nausea and vomiting (approx. 1:10 of anesthetized patients), 2. mild allergic reactions to drugs resulting in e.g. the onset of redness or transient rash, 3. damaged teeth, usually those swinging; this is why during the conversation anesthesiologist draws attention to the existence of such teeth, 4. bruising in peripheral venous catheter area, puncture, we are obliged to inform you about the serious complications, which, however, can happen extremely rarely during anesthesia. These are: 1. cardiac arrest, 2. respiratory arrest, 3. laryngospasm, 4. choking gastric contents, 5. vascular embolism (significant blood vessel closure), 6. allergic shock as a reaction to intolerance of anesthetic medication or surgical materials. They require immediate treatment and are dangerous to life.

The risk of death from anesthesia in a healthy child undergoing small and medium planned surgery is determined to be less than 1: 100 000 (one hundred thousand) of anesthetized children (according to The Royal College of Anaesthetists). About 1:10 000 (one per ten thousand) anaesthetized Children presents serious allergic reactions.

### 3. Dietary guidelines to prevent complications

#### Considering the safety of your child, please apply the following notes:

- nutritional break (interval of each type of food, including milk for infants, or dense juice) is 6 hours; it should absolutely be obeyed,
- feeding break for breast-fed infants (since the last breastfeeding) is **4 hours**,
- in the case of clear liquids (water, tea) break is **2 hours**.

Usually in the case of small children in the so-called one-day treatments, we allow to drink half a glass of water or tea before leaving home, especially if you are going from far away – **not later**, and **no more!**

Continuing applied drugs (e.g. treating hypertension, or epilepsy) shall be agreed upon during the conversation with the anesthetist – we usually do not leave them.

Please inform the nurse or doctor on the ward, if you want to carry the conversation with us explaining the problems of anesthesia, we are always at your disposal.

#### VERY IMPORTANT

After the surgery, the child should remain at home under your care for 24 hours after the end of treatment.

**Please sign the consent for anesthesia only when you do not have any questions and doubts.**

Anesthetic survey is to improve the safety of anesthesia of your child. 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.

1. Was the child treated in the past two months?

YES     NO

What illness? .....

2. Was the child vaccinated in the past 10 days?

YES     NO

3. The child takes medication, or has it taken any recently?

YES     NO

What? .....

4. The child was already anesthetized generally used for the surgery or research?

YES     NO

If so, when and why? .....

Were any special reactions observed during anesthesia?

YES     NO

If so, which ones? .....

Did close relatives of the Child have any complications in connection with anesthesia?

YES     NO

5. Has your child ever received blood?  YES  NO
6. Does your child have any muscle disorders or muscle weakness (myasthenia gravis)?  YES  NO  
Did such diseases occur at close relatives of the Child?  YES  NO
7. Is the physical capacity of the Child limited?  
Does the child turn blue with extensive efforts?  YES  NO  
Does it have a strong shortness of breath with effort?  YES  NO  
Does the child have a heart defect?  YES  NO  
What? .....
8. Is the child sick with bronchitis?  
Does it have shortness of breath?  YES  NO  
Does it have asthma?  YES  NO  
Does your child suffer from other diseases of the lungs?  YES  NO  
What? .....
9. Does it have an increased tendency to bleed?  YES  NO
10. Does the child suffer from a disease of the nervous system or has it had a visit  
to the neurologist?  YES  NO  
Does it have or had any convulsion?  YES  NO  
When? .....
11. Does the child suffer from hay fever?  
Did it have a rash after the drugs or other substances?  YES  NO  
Which ones? .....
12. Does the child suffer from:  
Diabetes or thyroid disease?  YES  NO  
Other diseases of the endocrine glands, fructose intolerance  
(fruit sugar, juices, fruit)  YES  NO  
What? .....
13. Does the child have damaged teeth (moving teeth, dental prostheses)?  YES  NO
14. Additional information (e.g. previous diseases and illness and / or disability not mentioned above):  
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**Doctor's comments after the conversation explaining:**

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**Commissioned premedication:**

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## Conscious consent form of the Patient to perform anesthesia

(as an integral part of anesthetic questionnaire)

**ATTENTION! Anesthesia is a medical procedure requiring conscious consent of an adult patient, and in the case of children - their legal representative** (Child's legal representatives are the parents, unless they were deprived of parental authority under court sentence).

**To facilitate this decision, information about the purpose, meaning and possible complications of the planned procedure were presented.**

### Statement of the Patient / patient's legal representative

I hereby consent to perform surgery under anesthesia .....

During the conversation with the doctor, I had the opportunity to ask any questions about the planned surgery.

I received and thoroughly understood the information on the planned anesthesia and any possible consequences and complications.

The content informing about anesthesia is understood to me.

.....  
Signature and stamp of physician

.....  
Date

.....  
signature of legal guardian 1

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signature of legal guardian 2

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Patient's signature over 16 years old