.....
(branch stamp)

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 surgery ☐ for test

Name of surgery/test .....

Dear Patient,

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

* 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 ☐ NO

   If so, on what illness? .....

2. What medications are you currently taking?

   .....

3. Past surgeries:

1. ..... year .....
2. ..... year .....
3. ..... year .....
4. ..... year .....

Did you endure the anesthesia well? ☐ YES ☐ NO

4. Previous illnesses/diseases:

1. Heart disease (infarction, inflammation, myocardial ischaemia, defect) ☐ YES ☐ NO
2. Cardiovascular disease (high blood pressure, low blood pressure, fainting, fatigue, shortness of breath) ☐ YES ☐ NO
3. Vascular disease (varicose veins, pain in the calves when walking, poor blood circulation in the legs, phlebitis) ☐ YES ☐ NO
4. Lung diseases (tuberculosis, pneumonia, emphysema, pneumoconiosis) ☐ YES ☐ NO
5. Respiratory diseases (asthma, chronic bronchitis) ☐ YES ☐ NO
6. Stomach diseases (inflammation, ulcer) ☐ YES ☐ NO
7. Liver diseases (jaundice, stasis, steatosis) ☐ YES ☐ NO
8. Urinary tract diseases (nephritis, kidney stones, difficulty in urinating) ☐ YES ☐ NO
9. Metabolic diseases (diabetes, DNA) ☐ YES ☐ NO
10. Thyroid diseases (goiter, hyperthyroidism, hypothyroidism) ☐ YES ☐ NO
11. Eye diseases (e.g. glaucoma) ☐ YES ☐ NO
12. Nerve disease (paralysis, seizures, stroke) ☐ YES ☐ NO
13. Changes in mood (e.g. depression, neurosis) ☐ YES ☐ NO
14. Skeletal diseases (e.g. Roots pain, changes in the spine, joints, muscle weakness) ☐ YES ☐ NO
15. Diseases of the blood and coagulation (e.g. a tendency to bleeding, bruises) ☐ YES ☐ NO
16. Allergies (hay fever, rash, allergies to food, drugs, plaster, iodine) ☐ YES ☐ NO
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 explanatory interview:

.....

.....

.....

.....

Commissioned premedication:

.....

.....

.....

CONSCIOUS CONSENT FORM OF THE PATIENT TO PERFORM ANESTHESIA

(as an integral part of anesthetic questionnaire)

NOTE: The performance of anaesthesia is a medical procedure that requires the informed consent of a patient of legal age.

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

STATEMENTS OF THE PATIENT

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.

By the next day after anesthesia, you are not allowed to drive and you should not make important decisions in life, you need to be provided with secure transport home and possibly the care of the other person. In case of alarming symptoms, you should immediately contact Medicus Sp. z o.o.

.....	.....	.....
Doctor's signature and stamp	date	Patient's signature

* cross out as necessary