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(branch stamp)

PAEDIATRIC ANAESTHETIC QUESTIONNAIRE

Patient forename and surname .....

Full name of the legal representative* .....

Patient's PESEL Social Security Number/Date of Birth* .....

Address of residence .....

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

Anaesthesia ☐ for surgery ☐ for test

Name of test/test .....

Dear Patient/legal representative*,

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

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

The term 'general anaesthesia' means the fully controlled and reversible abolition of a state of consciousness and pain perception. Anesthesia is applied by an anesthesiologist and anesthetic nurse.

During anaesthesia, the child 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 babe 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 child's airway is then connected to the anaesthetic machine 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'. 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.

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.

* cross out as necessary

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: Hoarseness, i.e. a temporarily altered voice after intubation, sore throat, nausea and vomiting (approximately 1:10 anaesthetised). Minor allergic reactions to drugs resulting in, for example, redness or transient rash. Damage to teeth, usually those that move; therefore, the anesthesiologist notes the existence of such teeth during the interview. Bruising at venipuncture, puncture sites. We are obliged to present you with serious complications, which, however, are extremely rare during anaesthesia. These include cardiac arrest, respiratory arrest, laryngospasm, choking of gastric contents, vascular embolism (occlusion of a vital blood vessel), allergic shock as a reaction of intolerance to anaesthetic drugs 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
– the nutritional break for breastfed 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 ve agreed upon during the conversation with the anesthetist– we usually do not leave them.

Please inform the 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. (Please mark the correct answer with X)

1. Has your child received treatment in the last two months? ☐ YES ☐ NO

   What illness? .....

2. Was the child vaccinated in the past 10 days? ☐ YES ☐ NO
3. Is your child taking or has your child recently taken medication? ☐ YES ☐ NO

   What? .....

4. Has your child ever had general anaesthesia for a procedure or examination? ☐ 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? To unexplained complications? ☐ 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? ☐ YES ☐ NO

   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? ☐ YES ☐ NO

   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 a neurologist? ☐ YES ☐ NO

    Does it have or had any convulsion? ☐ YES ☐ NO

    When? .....
11. Does the child suffer from hay fever? ☐ YES ☐ NO

    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, bracesand dental prostheses)? ☐ YES ☐ NO

14. Addtional information (e.g. previous diseases and illness and/or disability not mentioned above):

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Comments from the doctor after the explanatory interview:

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Commissioned premedication:

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PATIENT/LEGAL REPRESENTATIVE'S INFORMED CONSENT FORM* FOR ANAESTHESIA

(as an integral part of anesthetic questionnaire)

ATTENTION! Anaesthesia is a medical procedure which requires the informed consent of an adult Patient, and in the case of Children, their Legal Representative (the Parents are the statutory representatives of the Child, unless they have been deprived of parental authority by court judgement).

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.

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Signature and stamp of physician	date	signature of the Legal Representative 1
		.....
		signature of the Legal Representative 2
		.....
		Patient's signature (over 16 years of age)

* cross out as necessary