

PRE-ANAESTHETIC QUESTIONNAIRE FOR CHILDREN AND ADOLESCENTS UP TO 15 YEARS OLD

Dear parent(s),

By completing this questionnaire, you allow us to draw up an accurate indication of the physical condition and state of health of your child. We will determine the most favourable anaesthesia method based on your answers. Of course, the information you provide will remain strictly confidential.

You may write any additional questions you may have about anaesthesia on page 3.

After you have carefully completed this questionnaire, it is also very important that you sign page 3 to authorise the use of anaesthesia. Your child will not be anaesthetised without your written authorisation.

Carefully read the important notes below. This will prevent unpleasant situations during admission.

(if needed, label)

Name:
First name:
Street and house number:
Postcode and municipality:
Date of birth:

Weight: Height: Blood group (if known):
Paediatrician:
Family doctor:
Mother's name: Mobile number:
Father's name: Mobile number:
Chaperone's name (if not the mother or father): Mobile number:

IMPORTANT NOTES

- Your child must refrain from smoking or eating food or sweets **SIX HOURS PRIOR TO ADMISSION**. Exception: a baby may be breastfed up to four hours prior to admission. However, your child may drink clear liquids (water, coffee, or tea without milk) up to two hours before admission.
- Please remove dental prostheses, glasses, hearing aids, contact lenses, piercings, jewellery, and timepieces before the procedure. Injuries and/or harm resulting from non-compliance with this provision is the responsibility of the patient.
- Make-up and nail polish are forbidden.
- It is best **NOT TO BRING EXPENSIVE VALUABLES TO THE HOSPITAL**. If you still want to store an item, this is possible at the reception.
- A **MAXIMUM OF ONE ADULT CHAPERONE** is permitted to accompany the child during the admission.
- **NO OTHER CHILDREN** (brothers, sisters, etc.) or **VISITORS** are permitted.
- In the interest of your child, it is advisable to have **one chaperone present and accessible in the hospital during the entire admission** (may be relieved). If this is not possible, the procedure, in consultation with the doctor, may be postponed.
- If your child has a **FEVER** when admitted, please **REPORT** this **IMMEDIATELY**.
- Tooth damage can never be excluded with general anaesthesia. We cannot take any responsibility for this. Injuries and/or harm is the responsibility of the patient.

QUESTIONNAIRE TO BE COMPLETED BY PARENT / GUARDIAN / FAMILY DOCTOR

1. MEDICATION

Does your child take medication?

Yes

No

☐☐

If yes, which (dose and schedule):

.....

.....

.....

2. GENERAL INFORMATION

Has your child been treated by a doctor in the last six weeks?

Yes

No

☐☐

If yes, for what?

Has your child recently received any vaccinations?

☐☐

If yes, which? When?

Was your child born prematurely? (i.e. too early)

☐☐

If yes, at how many weeks was your child born?

What was your child's birth weight?

Does your child have:

- loose teeth?

☐☐

- glasses?

☐☐

- contact lenses?

☐☐

- a hearing aid, implant?

☐☐

- piercings?

☐☐

3. MEDICAL INFORMATION

Has your child ever had an operation?

Yes

No

☐☐

If yes, which? When?

Where there any problems with the anaesthesia?

☐☐

e.g. nausea - difficulty breathing - bleeding - other:

Has anyone in your family had a problem with anaesthesia?

☐☐

If yes, which?

Does your child have an allergy or hypersensitivity?

☐☐

If yes, which?

- Medication: e.g. antibiotics - aspirin - other:

☐☐

- Diet: e.g. cow's milk - nuts - fruit - other:

☐☐

- Pollen, house dust mites:

☐☐

- Animals:

☐☐

- Disinfectants:

☐☐

- Latex: e.g. rubber - balloon - plasters - other:

☐☐

- Other:

☐☐

Does your child have diabetes?

☐☐

Is your child sometimes asthmatic or does he/she wheeze or snore?

☐☐

Does your child have eczema?

☐☐

	Yes	No
Has your child recently had a contagious disease?	☐	☐
If yes, which? e.g. RSV, bronchiolitis, bronchitis, pneumonia, false call, tuberculosis, other:		
.....		
Has your child ever had jaundice? (i.e. hepatitis)	☐	☐
Has your child ever had a blood transfusion?	☐	☐
If yes, for what? Where there any side effects?		
.....		
Has your child ever lost consciousness? (i.e. fainted or blacked out)	☐	☐
If yes, under what circumstances?		
.....		
Does your child have epileptic fits? (i.e. convulsions)	☐	☐
If yes, how frequently?		
.....		
Does your child have difficulties opening their mouth or with moving their neck? (e.g. KISS syndrome)	☐	☐
Has anyone in your family ever had a muscle disease?	☐	☐
If yes, which? Who?		
.....		
Does your child have a heart murmur, congenital heart defect, or other heart problem?	☐	☐
If yes, which?		
.....		
Does your child sometimes have blue-coloured lips?	☐	☐
Does your child bruise easily or have bleeding gums?	☐	☐
Does your child have ADHD, autism, hyperkinetic behaviour?	☐	☐
If yes, which?		
.....		
Does your child have any other illness not listed here?	☐	☐
If yes, which?		
.....		

Comments or questions for the anaesthetist

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PERMISSION TO USE ANAESTHESIA

I, the undersigned, ... parent/guardian of
 (child's name)

give my permission for anaesthesia to be administered to my underage child for the purpose of an examination or operation. I agree with the treatment proposed by the anaesthetist as well as any necessary changes in the treatment plan. I understand and have accurately completed all of the questions and will follow the guidelines on page 1. **A chaperone will always be present and accessible in the hospital during the procedure.** Someone will always accompany the child/adolescent during the first 24 hours after the anaesthesia.

Date:

Signature:

INFORMATION FOR THE PAEDIATRICIAN / FAMILY DOCTOR

1. Preoperative medication guidelines (to be taken on the day of the procedure, if necessary, with a sip of water):

	Yes	No
• Pulmonary medication: • Aerosol: • Puffer therapy:	+ +	
• Nervous system medication: • Anticonvulsants:	+	
• Hormone medication: • Corticosteroids • Contraceptives	+ +	
• Diabetes medication: • Insulin		*
• Antibiotics and anti-viral medications:	+	
• Medication for stomach and duodenum • H2 antihistamines • Proton pump inhibitors	+ +	

2. Preoperative technical examination guidelines for:

- ASA ≥ 3 , serious system abnormalities, prematurity, etc.
- Anticoagulants, aspirin, tendency to bleed

➔ PREOPERATIVE ANAESTHESIA CONSULTATION

➔ BLOOD TEST

Hb/Hct, WBC, TC, aPTT, ionogram, Ur/creat, glycaemia

It is preferred that results be provided to the patient

3. More information

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