

# ANESTHESIOLOGICAL PRE-OPERATIVE QUESTIONNAIRE

First name and last name ..... Tel. contact .....

Date of birth.....Weight.....Height.....Blood type.....Rh. ....

Diagnosis and planned treatment: .....

Date of qualification for surgery:..... Date of planned treatment:.....

## Dear Patients!

Surgery and some diagnostic procedures require that you sleep, do not move, do not feel pain or other stimuli from the operating field during them. We can achieve this by various methods of anesthesia. The doctor - anesthesiologist is responsible for its course and safety.

*The anesthesiologist, after reading the following questionnaire, conducting a thorough examination and asking for the necessary details, will select the method of anesthesia that best suits the procedure you are to undergo, discuss it with you, and explain any doubts you may have.*

### **Attention!**

*For at least 24 hours after the surgery (anesthesia), you must not drive a car, other vehicles or complex devices due to the risk of consciousness disorders and causing an accident.*

## **SEDATION**

General anesthesia is not necessary for some painless diagnostic procedures and surgical procedures using local or regional anesthesia. We only administer drugs that cause sedation or shallow sleep. This condition is called sedation. It often causes forgetfulness of the period of the operation, the diagnostic procedure.

## **GENERAL ANESTHESIA**

General anesthesia disables awareness and the ability to feel pain throughout the body. They are obtained by administering a combination of sleeping pills, analgesics and, if necessary, muscle relaxants. Then it is necessary to introduce into the trachea the so-called endotracheal tube and artificial respiration using an anesthetic machine. The tube is removed after the procedure is completed.

## **CORD ANESTHESIA**

For some procedures, in addition to general anesthesia, conduction anesthesia can be performed. It consists in administering local anesthetic drugs to the appropriate place, which prevent the conduction of pain through the nerves. They disable sensation basically only in the area where the surgery is performed. This allows you to perform surgery on the lower and upper limbs, surgery for hernias, phimosis, varicose veins and many others. The effect of the drugs is maintained after the end of the operation, thanks to which you do not feel pain, or the need for painkillers is very low. Often, local anesthetics also turn off the function of the nerves responsible for moving the limbs, which may be weaker in the first hours. This is a normal symptom, passing after about 3-6 hours. Temporary difficulties in urinating may occur, in exceptional cases requiring catheterization of the urinary bladder. These disturbances pass after a few hours.

## **RISK OF ANESTHESIA**

Severe, life-threatening complications during anesthesia are extremely rare. The risk of anesthesia is usually many times lower than the risk of surgical complications. Modern methods of anesthesia, accurate dosing of anesthetic agents and comprehensive monitoring of body functions make anesthesia safe, although unpredictable events may occur during anesthesia. The chance of their occurrence is negligible, but professional honesty requires mentioning them. Life-threatening complications include: cardiac arrhythmias, circulatory and respiratory arrest, severe anaphylactic reaction (allergy) and others. They occur mainly in severely ill patients with numerous comorbidities. An anesthesiologist is always present in the room, who will take appropriate action in case of complications. During the procedure, it may be necessary to perform additional activities not discussed with you, medical procedures justified by your good.

Surname and name: ..... PESEL: .....

CAREFULLY READING AND ANSWERING THE FOLLOWING QUESTIONS CAREFULLY WILL ALLOW THE ANESTHESIST TO PLAN AND PERFORM ANESTHESIA SAFELY

The correct answer is marked by ticking the appropriate box: YES x NO I DO NOT KNOW

1. What medications are you currently taking? .....

2. Have you been operated on?  
Yes for ..... in the year ..... what anesthesia?.....  
Yes for ..... in the year ..... what anesthesia?.....

3. Did you tolerate the anesthesia well? YES  NO  I DON'T

KNOW

4. Have you had a blood transfusion YES  NO  I DON'T

KNOW

5. When was it? did you tolerate the transfusion well? YES  NO  I DON'T

KNOW

**Do you suffer from any of the following diseases:**

YES  NO  I DON'T

KNOW

6. Heart diseases: myocardial infarction, coronary artery disease, heart defect, arrhythmia YES  NO  I DON'T

KNOW

7. Hypertension YES  NO  I DON'T

KNOW

8. Vascular diseases, varicose veins, phlebitis, thrombosis, atherosclerosis YES  NO  I DON'T

KNOW

9. Lung diseases: tuberculosis, emphysema, pneumonia YES  NO  I DON'T

KNOW

10. Asthma, COPD, frequent bronchitis, laryngitis YES  NO  I DON'T

KNOW

11. Diseases of the stomach: inflammation, peptic ulcer YES  NO  I DON'T

KNOW

12. Liver diseases: infectious jaundice, cirrhosis, others YES  NO  I DON'T

KNOW

13. Urinary system diseases: inflammation, urolithiasis, kidney failure YES  NO  I DON'T

KNOW

14. Prostatic hyperplasia YES  NO  I DON'T

KNOW

15. Metabolic diseases: diabetes, gout YES  NO  I DON'T

KNOW

16. Thyroid diseases: nodular goiter, hyperthyroidism, hypothyroidism YES  NO  I DON'T

KNOW

17. Diseases of the pituitary gland, adrenal glands YES  NO  I DON'T

KNOW

18. Eye diseases: glaucoma, severe visual impairment, cataract YES  NO  I DON'T

KNOW

19. Systemic diseases nervous system: paralysis, myasthenia gravis, stroke, epilepsy YES  NO  I DON'T

KNOW

20. Mood changes: depression, neurosis YES  NO  I DON'T

KNOW

21. Spine diseases, radicular pains YES  NO  I DON'T

KNOW

22. Diseases of the blood, coagulation system, bleeding tendency YES  NO  I DON'T

KNOW

23. Allergies? For what? ..... YES  NO  I DON'T

KNOW

24. Other diseases not mentioned .....

25. Are you pregnant? YES  NO  I DON'T

KNOW

26. Date of last menstrual period .....

27. Do you have loose teeth, do you wear dentures, corrective braces YES  NO  I DON'T

KNOW

28. Do you wear contact lenses? YES  NO

29. Do you smoke cigarettes? how much? daily YES  NO

30. Do you have (had) problems with alcohol, medicines, drugs?

	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

31. Last meal at: .....

32. Last drink at: .....

**Statement**

I declare that I have truthfully answered the questions posed to me in the questionnaire.

.....  
..  
legible signature

# ATTENTION!

Anesthetics suppress the defense mechanisms that prevent the contents of the stomach from entering the lungs, therefore please strictly follow the following recommendations:

- You must not eat anything nor drink at least 6 (six) hours before the procedure.
- If you have been advised to eat or drink otherwise, please follow the anesthetist's instructions.
- Prolonged fasting is not advisable, it does not bring any benefit.

## Consent to anesthesia

*I have understood the above information regarding anesthesia and have no further questions. I agree that the planned procedure will be performed under general or other appropriate anesthesia for my condition. I agree to carry out anesthetic preparatory and accompanying procedures. I consent to possible changes in the agreed method of anesthesia, if required by my condition and my well-being. I declare that I have read the possible complications after using the proposed type of anesthesia described in the information section.*

*I consent to the following methods of anesthesia and additional procedures:.*

.....

*I agree to change my course of action if my safety or success requires it performed surgery*

*Bydgoszcz, on .....*

.....

Doctor's signature and stamp

.....

Legible signature

*Other remarks regarding the preoperative visit:*

*ICD-9 code: 89,000 Anesthesia consultation .....*  
.....  
.....  
.....  
.....  
.....

Preoperative assessment (to be completed by an anesthetist)

ASA: ..... Mallapati: .....

Physical examination - deviations: .....  
 .....  
 .....  
 .....

I recommend the following additional tests before surgery:

- OTHER RECOMMENDATIONS:
- Blood group
  - Morphology .....
  - Ionogram .....
  - APTT, INR .....
  - Glicemy .....
  - RKZ .....
  - BUN, creatinine, I recommend consultations:.....
  - AspAt AlAt .....
  - .....
  - .....
  - .....

Premedication:

LIQUIDS: NaCl: .....ml   PWE..... ml

Medicines: Ketonal .....mg iv Pyralgina .....g Paracetamol .....mg pr. p.o.....

Midazolam.....mg

.....  
 .....

*Planned anesthesia:*

- |                        |                          |                              |                          |
|------------------------|--------------------------|------------------------------|--------------------------|
| GENERAL COMPLEX        | <input type="checkbox"/> | <b>intubation</b>            | <input type="checkbox"/> |
| Paravertebral block    | <input type="checkbox"/> | <b>laryngeal mask</b>        | <input type="checkbox"/> |
| EXTRADURAL, PP         | <input type="checkbox"/> | <b>face mask</b>             | <input type="checkbox"/> |
| LOCAL                  | <input type="checkbox"/> | <b>other comments: .....</b> |                          |
| PERIPHERAL LV BLOCKING | <input type="checkbox"/> | <b>.....</b>                 |                          |
| SEDATION               | <input type="checkbox"/> |                              |                          |