

## TREATMENT QUALIFYING SURVEY

### General Information – filled out by patient

It is crucial to complete this survey carefully, because on this basis the specialist provides the proper type of anaesthesia. We ask you not to hide any information and facts, and if you have any additional information not included in the questions that may be in your opinion relevant, please provide them as well. All the information provided in the survey will remain confidential according to medical as well as doctor-patient confidentiality.

Surname..... Name.....

Date of Birth..... Height..... Weight..... Phone nr.....

Type of scheduled treatment .....

Doctor's notes/cautions .....

The last part of qualification for the treatment regards a specialist consultation with the anaesthesiologist which takes place, according to the leading doctor's advice, minimum at 7 days before the scheduled treatment or, as an exception, on a day before the treatment. During the visit the specialist informs the patient of any risks concerning the administration of anaesthesia, the actual health status, analysis of the test results and eventually additional diagnostic tests the doctor may need, which can affect the process of qualifying the patient for the treatment.

Doctor's Comments/Concerns/Recommendations .....

For scheduling the medical procedure patients should provide at the Hospital Admissions Room a referral letter to the treatment to be performed in a proper facility; a GP or a doctor should issue the referral letter from a specialist consultation room (requirement for treatments financed by NFZ).

Before admitting to the Hospital, it is required that patient should make all tests and provide the test results to the Hospital on the day of admittance:

- Blood type and RH factor
- Blood morphology
- INR level
- Activated Partial Thromboplastin Time
- Glucose levels (in patients 40years old or higher)
- Throat samples, EKG (in patients above 45 year old)
- Other tests, required by doctor

Surname..... Name..... DoB..... **1/7**

### Information about the anaesthesia

The appropriate type of anaesthesia is adjusted during the consultation with anaesthesiologist who proposes the best method for your treatment according to your health status. Below you will find basic information on anaesthetic techniques being used during medical procedures.

Before the administration of any type of anaesthesia, a IV cannula is inserted by which the medications are introduced into the patient's body system. In the operating room, the patient is be connected to medical apparatus that monitors heart rate, blood pressure and all necessary life functions. For 24 hours after the anaesthesia patients is required to reduce any activities. It is prohibited to operate any cars, machinery or make any life decisions. If the patient is discharged from the hospital on the same day after the operation, the patient should have another adult person to make sure nothing happens. The procedure is required as the medications which are implemented into the system may alter the level of consciousness and decision-making.

1. **General anaesthesia** – After introducing the medications (in case of children inhalation medications through a mask), patient is losing consciousness, movement, breathing. A mask or a tube is introduced as to make sure the patient is breathing properly. After surgery the patient feels drowsy and sleepy for a few hours; food and drink is allowed only after 2-3 hours, due to the choking and vomiting. This type of anaesthesia alters the function of whole body, so if the health status is bad, it is reasonable to choose a different type of anaesthesia.  
Patients are required to abstain from eating and drinking at least 6 hours before the treatment. If fasting instructions are not followed, it may be dangerous for the patient's life, due to the risk of aspiration!
2. **Spinal anaesthesia (epidural)** - Here throughout the skin and spine ligaments, with a help of a needle, medications are administrated in the region of the spinal cord, which makes the lower part of the body insensitive to pain, thus the patient is not able to move legs. The pain associated with the puncture is small, since the needles are very thin. In case of anaesthesia administration, it is necessary to use thicker a needle; the area of puncture is additionally anesthetized locally. This type of anaesthesia does not influence consciousness or breathing. During the anaesthesia, the blood vessels are widened in the lower part of a body which cools down the body resulting in lower blood pressure. Spinal anaesthesia lasts 2 to 5 hours in which time the patient has to remain in a flat position and abstain from eating or drinking (possibility of vomiting). Eating and drinking as well as changing the position are allowed as the anaesthetic drugs wear off, but getting out of bed is only possible after the permission received from the nursing staff, sometimes only on the next day. In some cases it is necessary to implement a catheter into the bladder, if the patient has problems with urination after the surgery.
3. **Anaesthetic nerve plexus and peripheral nerves (eg. brachial plexus block, popliteal block)** – this type of anaesthesia in minimal ways influences the whole body, and the anaesthesia is only limited to the part of a body the surgery is on. It influences the body from a few to several hours, thereby ensure the long-lasting post-operative analgesic. The medications are introduced into the body throughout a needle into the region of peripheral nerves. The puncture is made with the use of USG (vision control) or a peripheral nerve stimulator (when the needle tip is in the area of the nerve electric impulse causes muscle contraction). As long as the block operates, the affected part of the body is insensitive to pain, heat, it is numb and patients have difficulty with moving. Until the effects of anaesthesia wear off, it is not safe to use the affected limb due to the risk of falling related injuries.
4. **Sedation** –this includes introducing a medication that reduces stress related to the surgery. The patient is calm and sleepy. The patient mostly does not remember what has happened during the operation time.
5. **Local infiltration/anaesthesia** – it includes an injection of a medication via a needle only to the area affected by surgery. It affects only the area of an injection.

Risks and complications – The most common factors which can raise the risk of surgery may include: old age, smoking, obesity, poor physical health of the organism, bad health (chronic diseases, organ damage) and infections. The risk is also increased when the surgery is long, extensive or include a high level of blood loss.

### Risks related to anaesthesia:

Nowadays, anaesthesia is very safe and complications are rare, however any type of anaesthesia despite all accurate efforts may relate to the occurrence of adverse reactions or complications. Having a consultation with an anaesthesiology expert and carrying out their recommendations will help you to choose the best option for you and to avoid any related risks or complications. Aside from any complications that may occur, you are to be presented with some side effects of used medications and anaesthesia techniques. Here we are mentioning few of them: drowsiness, disorientation, dizziness, weakness, nausea, vomiting, pain (throat, back, injection place, and muscle), itching, difficulty in urination, feeling cold, shivering, and restlessness. If any of these side effects occur, please inform our staff and we will help you with bringing you your comfort.

Rare complications include damage to the lip, tongue, teeth, transient peripheral nerve injury, hematoma at the needle insertion site, infection at the site of injection needles, after puncture headaches, transient pain in the spine, fainting, memory impairment, and exacerbation of chronic diseases.

Serious complications are very rare. Reported in the medical literature and possible serious complications include death, myocardial infarction, cardiac arrest blood or breath, stroke, paralysis, permanent damage to the nerves, eyes, severe allergic reactions to the given medications (dyspnoea, shock, cardiac arrest).

### Informed Consent for Anaesthesia

I, hereby sign the consent to perform on me/ my child the following anaesthesia:

General anaesthesia	Spinal anaesthesia	Epidural	Local/ sedation	brachial plexus block	peripheral nerves block

For treatment :.....( type of treatment, surgery)

As well as the accompanying procedures (infusions, transfusions, the use of needed medication) during and after surgery.

I agree to reasonable medical changes or extension of anaesthetic conduct (including a change in the type of anaesthesia).

At the same time, I declare that I have been informed of the proposed anaesthesia and I was given an opportunity to ask questions regarding the planned anaesthesia, the associated risks and possible complications. I also received comprehensive answers that I thoroughly understand and I am signing the consent after a conscious decision for which I had sufficient amount of time.

I also certify that I did not withhold any relevant information about my state of health, previous course of treatment or medication, and I am aware of health consequences resulting from this action.

I commit myself to follow the requirements of not taking any food within six hours before anaesthesia and within four hours - liquids.

.....  
Patients legible signature and date

.....  
Legal guardian legible signature and date

.....  
Doctor's legible signature and date



**Anaesthetic questionnaire**

**– filled out by patient**

Please read carefully and answer the questions,  
 the right answer marked by X.

**Are you under constant care of medical specialist?**

YES  NO

- Cardiologist
- Neurologist
- Pulmonologist
- Other (include).....

**Did you take any medications in last few days/ weeks**

YES  NO

If YES, please include:

.....  
 .....

**Earlier completed operations and stays in hospital**

YES  NO

Please include type of procedure and year of operation:

.....  
 .....

**Did any complications occurred during previous anesthesia (local, general?)**

YES  NO

If YES, please include which?

.....  
 .....

**Did any complications occurred during anesthesia for any of family members?**

YES  NO

If YES, please include what have happened

.....  
 .....

**Did you had any blood/ blood-products transfusions?**

YES  NO

**Did any complications occurred while transfusions of blood or blood-like products?**

YES  NO

If YES, please include

.....  
 .....

**ONLY FOR WOMEN: Are you currently pregnant?**

YES  NO

**Have you been diagnoses before or now with any diseases of the following systems or organs?**

**CARDIOVASULAR SYSTEM**

YES  NO

- Cardiac arrhythmia YES  NO
- Defect YES  NO
- Asthma YES  NO
- Heart attack (year past) YES  NO
- Myocarditis YES  NO
- High blood pressure YES  NO
- Low blood pressure YES  NO
- Shortness of breath while climbing stairs YES  NO

- Leg cramps YES  NO
- Blood thrombosis YES  NO
- Blood flow disorders YES  NO
- After resuscitation state YES  NO
- Other..... YES  NO

**ENDOVASCULAR**

YES  NO

- Endovascular stent YES  NO
- Creation date..... YES  NO
- Stent type..... YES  NO
- Embolization of aneurysm YES  NO
- Date of embolization..... YES  NO

**RESPIRATORY SYSTEM**

YES  NO

- Chronic Bronchitis YES  NO
- Bronchial asthma YES  NO
- Pneumonia YES  NO
- Tuberculosis YES  NO
- Emphysema YES  NO
- Other..... YES  NO

**LIVER**

YES  NO

- Obstructive jaundice YES  NO
- Infectious jaundice YES  NO
- Cirrhosis YES  NO
- Liver sclerosis YES  NO
- Fatty liver YES  NO
- Cholelithiasis YES  NO
- Other..... YES  NO

**KIDNEYS**

YES  NO

- Elevated creatinine YES  NO
- Dialysis YES  NO
- Nephritis YES  NO
- Urinary tract infections YES  NO
- Other..... YES  NO

**DIGESTIVE TRACT**

YES  NO

- peptic ulcer disease YES  NO
- stenosis YES  NO
- reflux esophagitis YES  NO
- enteritis YES  NO
- diarrhea YES  NO
- bleeding YES  NO
- other..... YES  NO

**PANCREAS**

YES  NO

- Acute pancreatitis YES  NO

Chronic pancreatitis YES  NO   
 Other..... YES  NO 
**METABOLISM**
 Diabetes YES  NO   
 Gout YES  NO   
 Obesity YES  NO   
 Porphyria YES  NO   
 Other..... YES  NO 
**THYROID**
 Hyperthyroidism YES  NO   
 Hypothyroidism YES  NO   
 Goiter (enlarged) YES  NO   
 Other..... YES  NO 
**SKELETAL AND ARTICULAR**
 Bone disease YES  NO   
 Joint disease YES  NO   
 Discopathies and other diseases of the spine  
 YES  NO   
 Dislocations YES  NO   
 Other..... YES  NO 
**NERVOUS SYSTEM**
 Epilepsy YES  NO   
 Paralysis and paresis YES  NO   
 Depression YES  NO   
 Neurosis YES  NO   
 Insomnia YES  NO   
 Headaches YES  NO   
 Stroke YES  NO   
 Other..... YES  NO 
**THE ORGAN OF SIGHT**
 Cataract YES  NO   
 Glaucoma YES  NO   
 Contact lenses YES  NO   
 Retinal detachment YES  NO   
 Hemorrhages into the sclera YES  NO   
 Other..... YES  NO 
**Blood and haematological system**
 Coagulation disorders YES  NO   
 Frequent nosebleeds YES  NO   
 Bruising YES  NO   
 Petechiae YES  NO   
 Other..... YES  NO 
**MUSCLES**
 muscle weakness / myasthenia YES  NO   
 Muscle ache YES  NO   
 Other..... YES  NO 
**Do your family members experienced muscle disease?**YES  NO 

If YES, please include which.....

.....

.....

**INFECTIOUS DISEASES**
 hepatitis A / B / C YES  NO   
 AIDS / HIV carrier YES  NO 
**ALLERGIES**
 Hay fever YES  NO   
 Soy Protein YES  NO   
 Eggs YES  NO   
 Drugs (what?) YES  NO   
 Animal hair, dust YES  NO   
 Iodine YES  NO   
 Latex YES  NO   
 Other..... YES  NO 
**Other diseases**If yes, what are they? YES  NO 

.....

**Hearing disorders**
 Hearing aid YES  NO   
 Ear diseases YES  NO 
**TOOTH disorder**
 Moving teeth YES  NO   
 Dentures YES  NO   
 Implants YES  NO 
**SMOKING**YES  NO 

What kind of tobacco and how much do you smoke?

.....

.....

.....

When have you started smoking? (How many years?)

.....

**ALCOHOL DRINKING**YES  NO Seldom YES  NO Regularly YES  NO 

In small quantities.....(ml per week)

**REGARDING CHILDREN:**Born prematurely YES  NO Complicated childbirth YES  NO 

If YES, what were the complications??

.....

.....

Birth Defects YES  NO 

If YES, what are they?

.....

.....

Has your child been vaccinated in the last 6 weeks?

YES  NO 

What kind of vaccination?

.....



**An epidemiological inquiry about patient's past – filled out by patient**
*Covers a period of 6 months before admitting to St. Lucas Hospital – with assessment of risk of infection.*

Surname..... Name..... Date of Birth.....

No.		YES	NO	Points Yes 1/ No 0
1.	Have you been sick with viral hepatitis? When.....			
2.	Are you vaccinated against hepatitis? When.....			Not to be scored on
3.	Have you been treated in different hospitals? When.....Where.....			
4.	Have you had an transfusion? When.....Where.....			
5.	Have you passed a treatment that violates skin (biopsy, punctures, acupuncture, vaccinations, surgery) When.....Where.....			
6.	Have you had performed endoscopy examination? (intestine, stomach, bronchial) When.....Where.....			
7.	Have you benefited from the services of gynecological surgeries? (Gynecological, obstetrics). Dental? (tooth extraction, seal). Ophthalmic? (Removal of foreign body from the eye, etc..) When.....Where.....			
8.	Do you use the services of beauty salons? Do you have a tattoo? When.....Where.....			
9.	Do you have cancer? Current radiotherapy, chemotherapy, steroids?			
10.	Do you suffer from the metabolic disease - diabetes, gout, obesity, malnutrition?			
11.	Are you suffering from asthma, respiratory failure, COPD (chronic obstructive pulmonary disease)?			
12.	Immune dysfunctions (e.g. Frequent infections)			
13.	Tuberculosis			
14.	Recurrent inflammatory processes: tonsillitis, urinary tract infection, sinusitis, appendages, boils, ulcers			
15.	Open injuries (with damage to the skin)			
16.	Tooth decay			
17.	Blood coagulation disorders			
18.	Chronic renal failure / dialysis /			
19.	Pressure ulcers; skin diseases / e.g. psoriasis /			
20.	Addictions (alcohol, smoking, drugs)			
21.	Allergies			
22.	Age> 65 years			

 .....  
 Date and patient's legible signature

Surname..... Name..... DoB..... 7/7