

Informed consent of the patient/legal representative

Treatment under general anesthesia

Head of anesthesiology: MUDr. Roman Baláž

Name and surname of the patient: _____ Insurance number: _____

Place of residence: _____

I. Information about the procedure:

Your child (ward) will undergo surgery under general anesthetic. General anesthesia is a pharmacologically induced state in which consciousness and pain perception is removed from the whole body. It is provided for major, lengthy and painful procedures that cannot be done under local anesthesia. Another indication for general anesthesia is the patient's reduced ability to cooperate with the procedure, the so-called untreatable patient (children or mentally handicapped).

General anesthesia will be administered after securing the peripheral vein with a flexible cannula using a combination of anesthetic gases, intravenous anesthetics and possibly muscle relaxants, which are pharmaceuticals that induce temporary muscle paralysis. The airway will be secured by endotracheal intubation, laryngeal mask or face mask, depending on the nature and duration of the procedure. The patient will be connected to a vital signs monitor throughout the procedure. After the return of basic functions, the child will be transferred to a recovery bed and will remain there under professional supervision and with your participation until he/she is fully awake. He/she will then be handed over to your care at home and you will take him/her by private car (not by public transport) accompanied by two adults (1 driver and 1 supervisor).

II. Risks of the procedure (general, individual):

No procedure or anesthesia is completely risk-free. The vast majority of complications, such as vomiting after anesthesia, muscle pain after myorelaxant administration, sore throat or hoarseness after intubation, bother the patient, but resolve quickly. Serious, life-threatening complications during anesthesia are very rare. Your cooperation with the anesthesiologist is essential to eliminate them and minimise the risks. It is absolutely essential to observe the time requirement for absolute fasting before the procedure (6 hours without food and 4 hours without drink) and to truthfully inform the doctor about any allergies, general state of health, or medications you are taking. In case of unexpected serious complications during or after the operation, the doctor may decide to transfer the patient to a higher contracted ENT department of the General University Hospital or the ENT department of the Thomayer Hospital in Prague.

III. Patient's informed consent:

I declare that I have been clearly informed about the planned method of anesthesia, including warnings about possible complications. I consider the information provided to be sufficient and I agree that with the procedure under general anesthesia.

Date: _____

Name and surname of the legal representative: _____ Signature _____

Name and surname of the anesthesiologist: _____ Signature _____

Anesthesiology questionnaire

Head of anesthesiology: MUDr. Roman Baláž

Name and surname of the patient: _____

Insurance number: _____

We kindly ask Parents (legal guardians) to fill in their child's (ward's) details truthfully:

Date of birth: _____ Birth weight: _____

Current weight: _____ Current height _____

Was there a complication related to pregnancy or childbirth? If yes, please indicate:

Has the child had a serious illness, accident, poisoning? If yes, please indicate:

Has the child been treated in hospital or had surgery? If yes, please indicate:

Has the child had any problems with anesthesia? If yes, please indicate:

Does the child have a chronic illness? If yes, please indicate:

Does the child have a congenital developmental defect or neurological disease? If yes, please specify:

Does the child have symptoms of acute illness? If yes, please indicate:

Does the child take any medication regularly? If yes, please indicate:

Is the child allergic to any medications or other substances? If yes, please specify:

Date: _____

Name and surname of the legal representative: _____ Signature _____