



SCAN164
Patiëntenvragenlijst

PREOPERATIVE QUESTIONNAIRE AND INFORMATION FOR CHILDREN

ANAESTHESIA SECTION | PREOPERATIVE ANAESTHESIA CONSULTATION
T +32 (0)9 332 11 53

ADREMA

Information for Parents

In this document we assess your child's health condition before the performance of any surgical procedure, test or treatment. The questionnaire is part of the preoperative examination and is strictly confidential. Either complete the document personally or let a representative do it for you.

By signing this form, you give your consent for anaesthesia. Be sure to read the guidelines for surgery under anaesthetic or sedation. More information is available on www.uzgent.be/anaesthesie.

Here, you can also give the Anaesthesia department your consent to use data from your child's medical records for scientific research.

Information for Physicians

Which preoperative tests does your patient need? Find out on <https://kce.fgov.be> (search for 'preoperative tests').

1 PERSONAL DATA

▲ PATIENT DETAILS

Name: _____

Date of birth: - -

Telephone: _____

▲ ADDITIONAL PATIENT DETAILS

Age: _____ years

Weight: _____ kg

Height: _____ cm

▲ CONTACTS

Name of parent or guardian: _____

Telephone no.: _____

GP: _____

GP's telephone no.: _____

▲ SURGERY, EXAMINATION OR TREATMENT FOR WHICH THE CHILD IS BEING ADMITTED

Date: - -

Surgery: _____ right – left*

Name of person accompanying the child: _____

Tel. no. of person accompanying the child: _____

2 PREOPERATIVE QUESTIONNAIRE

▲ IS YOUR CHILD ALLERGIC OR HYPERSENSITIVE TO:

Latex	yes – no*	
Plasters	yes – no*	
House dust mites or household dust	yes – no*	
Dental anaesthesia	yes – no*	
Plants, pollen or trees	yes – no*	
Antiseptic agents/iodine	yes – no*	
Medication	yes – no*	which? _____
Food or other?	yes – no*	which? _____

▲ GENERAL STATE OF HEALTH

Has your child ever been seriously ill?	yes – no*	What was the illness? _____ _____
Has your child been ill in the last 6 weeks?	yes – no*	
Was your child born prematurely?	yes – no*	At _____ weeks Weight at birth: _____ kg
Does your child have any special dietary requirements?	yes – no*	Which? _____

▲ DOES YOUR CHILD HAVE ...

Any loose teeth?	yes – no*	Which? _____
Contact lenses?	yes – no*	
Piercings?	yes – no*	If so, please remove these at home

▲ HAS YOUR CHILD EVER UNDERGONE SURGERY OR BEEN ADMITTED TO HOSPITAL BEFORE?

yes – no*

If yes:

Why?	When?	Which hospital?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

▲ WERE THERE ANY PROBLEMS DURING PREVIOUS PERIODS OF ADMISSION?

yes – no*

If yes:

Which?	When?	Which type of anaesthetic was used?
_____	_____	General / local*
_____	_____	General / local*
_____	_____	General / local*
_____	_____	General / local*

▲ FAMILY HISTORY

Is there any family history of serious problems with anaesthesia? yes – no*

Which? _____

Is there a family history of congenital defects? yes – no*

Which? _____

▲ DISORDERS OF THE THROAT AND MOUTH

Does the child have problems with opening his/her mouth? yes – no*

To check, insert 2 fingers on top of one another into the child's mouth

Does the child have problems with moving his/her head? yes – no*

▲ INFECTIOUS DISEASES

Does your child have an infectious disease? yes – no*

Which? _____

▲ DIABETES

Is your child diabetic? yes – no*

▲ DISORDERS OF THE LUNGS AND RESPIRATORY SYSTEM

Does your child suffer from wheezing? yes – no*

Does your child have asthma or hay fever? yes – no*

Has your child ever been treated for a lung disorder? yes – no*

Which? _____

▲ DISORDERS OF THE HEART AND ARTERIES

Has your child ever been treated for a heart or vascular disorder? yes – no*

Which? _____

Does your child have a heart murmur? yes – no*

Do your child's lips sometimes have a blue tinge? yes – no*

Does your child become short of breath when playing, cycling or walking? yes – no*

▲ DISORDERS OF THE KIDNEYS

Has your child ever been treated for a kidney disorder? yes – no*

Which? _____

▲ PROBLEMS WITH COAGULATION OF THE BLOOD

Does your child bruise easily for no reason?	yes – no*
Does your child have bleeding gums?	yes – no*

▲ DISORDERS OF THE DIGESTIVE SYSTEM

Has your child ever been treated for jaundice?	yes – no*
Does your child suffer from nausea or vomiting?	yes – no*
Does your child suffer from travel sickness?	yes – no*
When? _____	
Does the child's mother or father suffer from travel sickness?	yes – no*

▲ DISORDERS OF THE NERVOUS SYSTEM

Has your child ever lost consciousness?	yes – no*
Does your child suffer from epilepsy or falling sickness?	yes – no*
Does your child have a muscular disorder?	yes – no*

▲ MEDICATION

Does your child take any medicines or has your child taken medicines within the last six months? yes – no*

If yes, please read the information on home medication and bring the completed medication schedule with you.
You can find these documents in the admissions folder or on www.uzgent.be/opnamedocumenten.

3 INFORMATION STATEMENT ON SCIENTIFIC RESEARCH

☐ I give permission to the Anaesthesia department to use data from my child's medical records for scientific research.

Your child will undergo an operation, treatment or test under local or general anaesthesia in the near future. For this to be done safely, the anaesthetist will need **data from your child's medical record**: it's medical history and parameters (such as blood pressure, heart rate and oxygen saturation) that are automatically recorded during the procedure.

▲ USE OF DATA FOR SCIENTIFIC RESEARCH

These data are also very useful for the scientific research conducted by the Anaesthesia department. With this research, we want to further expand our knowledge of anaesthesia in various conditions for the benefit of future patients.

We therefore ask **your permission to use the data from your child's medical file for our scientific research afterwards**. We use the data only for observational scientific research in perioperative medicine and for internal quality controls at the Anaesthesia department.

▲ WHO CAN ACCESS THE DATA?

If you give your consent, doctors, junior doctors and/or medical students can access your child's data. However, the personal and clinical data will be pseudonymised. That means that **no link with your child's personal medical file will be possible**.

The research will always be supervised and directed by staff of the Anaesthesia department. All employees are bound by medical confidentiality or sign a confidentiality form as a guarantee.

▲ VOLUNTARY COOPERATION

You can **voluntarily** decide whether or not to participate in our scientific research. You do not have to give a reason if you prefer not to. A refusal does not affect your child's further treatment or the relationship with the treating physician.

You may withdraw your consent at any time by informing your anaesthetist. Please note that we cannot delete data that has already been processed.

▲ PROTECTION OF PERSONAL DATA

UZ Gent carefully watches over the protection of personal data. We only carry out scientific studies that have been **approved by the Ethics Committee** of UZ Gent. The Ethics Committee safeguards the rights of patients.

For more information on the protection of personal data, please contact the **Data Protection Officer** at UZ Gent, Katya Van Driessche, dpo@uzgent.be.

▲ YOUR CONSENT

If you agree, please tick the box above.

If you do not wish to participate, please leave the box blank.

▲ MORE INFORMATION

If you have any further questions, please speak to your anaesthetist. Or call the Anaesthesia department on 09 332 32 81.

4 GUIDELINES FOR AN OPERATION UNDER ANAESTHESIA OR SEDATION

- I will comply with the **agreements concerning fasting**.
Inhaling stomach contents while under narcosis or sedation can be dangerous.
- I will only give my child the **medicines** prescribed by the doctor.
Some medicines have more severe side effects during anaesthesia or sedation.
- My child will remove all **jewellery and piercings** (including those in less visible places) or will have these removed beforehand.
Jewellery and piercings can cause severe injuries (tearing, burns) during a procedure.
- I will provide childcare for my child. An operation or anaesthesia can have a lasting effect even the next day.
- I give my permission for **my child's data** to be processed anonymously (telephone/digital follow-up and survey).
This data can be used in the context of internal quality controls.

Only for one day admissions

- My child will remain in the hospital overnight if the surgeon and/or anaesthesiologist consider this is necessary.
-

5 CONSENT FOR ANAESTHESIA

I received sufficient information about the procedure, the exam, the anaesthesia, and the postoperative care.
I have read the information on anaesthesia available on www.uzgent.be/anaesthesie or in the brochure of the Day Surgery Clinic.
I undertake to follow all recommendations strictly.

I agree that my child may undergo a surgical procedure or examination under anaesthesia.

Read and approved

Date: ____ / ____ / ____

Signature: _____