Anaesthesia explanations and consent for children

All anaesthesia methods have specific risks and we would like to inform you about them. The anaesthetist will discuss the method with you. Please do not allow yourself to become concerned by the list of risks; all in all, serious complications very rarely occur. Please discuss the anaesthesia explanations with your anaesthetist.

☐ General risks associated with anaesthesia
Allergic reactions, nerve damage, urinary behaviour, nausea, vomiting, itching, shivering, bruising, back pain, respiratory and cardiac arrest

☐ General anaesthesia ("full anaesthesia")
Blocking of sensitivity to pain and consciousness
Specific risks: inhalation of vomit, vocal chord damage (hoarseness, breathing difficulties), difficulty in swallowing, tooth damage, waking up during full anaesthesia

☐ Epidural anaesthesia ("local anaesthesia", peridural anaesthesia, spinal anaesthesia)
Blocking of sensitivity to pain by anaesthetising the epidural nerves
Specific risks: headache, paraplegia (paralysis of the lower limbs), drop in blood pressure with nausea, impairment of hearing and vision

☐ Caudal anaesthesia
Special form of epidural anaesthesia. The puncture site lies in the coccyx region, that is to say well below the spinal cord, and the puncture is performed while the child is asleep. The drug then spreads within the epidural space to the height of the thoracic vertebrae, with the result that freedom from pain is achieved during and for some hours after the surgical procedure for operations below the belly button.
Specific risks: local infection, bruising, side-effects of local anaesthesia

☐ Local anaesthetic procedures (e.g. nerve block anaesthesia, infiltration anaesthesia)
Blocking of sensitivity to pain in individual nerves or specific regions (shoulder, arm, leg)
Specific risks: nerve damage, such as loss of feeling, paralysis, chronic pain

Specific risks of special measures during major operations or severe general ill health

☐ Arterial cannula
Infection, blood vessel blockage, bleeding

☐ Central venous catheter
Infection, pulmonary collapse, bleeding, nerve damage

☐ Urinary catheter
Infection, desire to pass water, subsequent narrowing of the urethra

☐ Blood transfusion
Transmission of viral diseases (hepatitis, AIDS), adverse response

The anaesthetist will discuss the planned anaesthesia with you in person. You may make a note of your questions here:

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Doctor’s notes concerning the preoperative consultation: Length of consultation: .................................................................

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Responsible statutory health insurance physician: Official deputy:

The doctor has adequately explained the anaesthesia methods and anaesthesia risks to me and I have no further questions. I hereby give my consent to the agreed anaesthetic procedure and to any necessary amendment or augmentation of the anaesthetic procedure and to any necessary ancillary and subsequent interventions. I hereby consent to the routine data gathered during my perioperative treatment being analysed in anonymous form and published for scientific purposes. ☐ I do not consent to the publication of the anonymised data.
Anaesthesia questionnaire for children

In order to assess your child’s anaesthesia risk, we would ask you to please answer the questions below and bring the completed questionnaire with you to the hospital. It will form the basis for your consultation with the anaesthetist. By signing it, you confirm that it is completed correctly. Thank you for your assistance.

Age: ……………………. Height: ……………………. cm Weight: ……………………. kg

YES NO

● Has your child received medical treatment in the last six months?
   Reason?
   ……………………………………………………………………………………………………………………………………………………..

● Does your child currently have a cold or fever?

● Has your child taken any medicines in recent days or weeks?
   Which ones?
   ……………………………………………………………………………………………………………………………………………………..

● Has your child undergone any previous operations?
   Reason? When?
   ……………………………………………………………………………………………………………………………………………………..

● Did he/she experience any side-effects from the anaesthetic (e.g. nausea, vomiting)?
   What side-effects?
   ……………………………………………………………………………………………………………………………………………………..

● Does he/she have any known allergies (medicines, plasters, hay fever, foods)?
   Which ones?
   ……………………………………………………………………………………………………………………………………………………..

● Did he/she receive any treatment for premature birth?

● Does your child have any loose or carious teeth?

● Have any blood relatives experienced any problems during anaesthesia?
   What problems?
   ……………………………………………………………………………………………………………………………………………………..

● Do you know of any muscle or blood diseases among your child’s blood relatives?
   Which ones?
   ……………………………………………………………………………………………………………………………………………………..

● Are there any smokers in your household?

Do you know, or are there any indications to suggest, that your child is suffering or has suffered from a disease affecting one of the following organs?

● Heart, cardiovascular system: heart defect, high blood pressure, etc.
   Description:
   ……………………………………………………………………………………………………………………………………………………..

● Lungs: bronchitis, asthma, pseudocroup
   When was the last time?
   ……………………………………………………………………………………………………………………………………………………..

● Liver, kidney, metabolic disorders: diabetes, frequent vomiting, food intolerance
   Description:
   ……………………………………………………………………………………………………………………………………………………..

● Convulsive disorder:
   Description:
   ……………………………………………………………………………………………………………………………………………………..

● Blood coagulation disorders: frequent nosebleeds, conspicuously long bleeding following injuries or dental treatment, bruises even after light contact
   Description:
   ……………………………………………………………………………………………………………………………………………………..

● Muscles: muscle weakness, paralysis
   Description:
   ……………………………………………………………………………………………………………………………………………………..

● Does your child suffer from any other illness or disability?
   Description:
   ……………………………………………………………………………………………………………………………………………………..

● Are there any other details which you think might be important?
   Description:
   ……………………………………………………………………………………………………………………………………………………..