

Hospital / Clinic / Practice: (Klinik / Praxis):



Patient data: (Patientendaten)

englisch

Anaesthesia is planned for the following operation / examination / treatment:
(Die Betäubung ist für die folgende Operation/Behandlung/Untersuchung vorgesehen)

on (date): (am Datum)

Dear Parents,

For the purpose of eliminating pain during the upcoming operation / examination of your child, your anaesthetist (hereinafter "physician") recommends use of one of the following anaesthesia procedures.

By providing the explanations below we wish to inform you of how anaesthesia is applied, of the various anaesthesia procedures for treatment of pain after the medical procedure, of the possible complications, and of what you will be expected to do both before and after the anaesthesia. You might be shown a short film. This form and the film are designed to prepare you for your explanatory appointment with your physician. Then your physician will explain the advantages and disadvantages of the procedure selected for your child relative to those of alternative methods. Your physician will clarify the risks that apply specifically to the case of your child and the complications that can ensue. Please read the following explanations and fill in the questionnaire with care. Of course, the information you provide will be treated as strictly confidential.

Your physician will answer all your questions to allay your anxieties and fears. At the end of your explanatory appointment you will be able to give or refuse your consent to use of the anaesthesia procedure proposed for your child. If only one of your child's parents is able to be present at the explanatory appointment, this parent must confirm with his or her signature that he or she is acting in complete agreement with the other parent or that he or she has sole right of custody. At the end of the appointment, your physician will give you a copy of the completed, signed form.

COURSE OF THE VARIOUS ANAESTHESIA PROCEDURES Ablauf der verschiedenen Verfahren

Medical procedures on children are usually performed under general anaesthesia. A local anaesthetic can also be applied for treatment of pain after the procedure. Another advantage of this combination is that it lowers the doses of general anaesthetic agents needed during the operation. With fairly mature children, it is also possible to apply local anaesthetic procedures by themselves, without general anaesthesia.

About 30 minutes before the general anaesthetic is applied, your child will be given a sedative in the form of juice, a tablet, a suppository (a small capsule placed in the rectum) or an injection. This will induce a state of twilight sleep. An indwelling venous cannula will be placed on the back of your child's hand, in its arm or at its foot so that it will be possible to administer infusions and medications at all times. In most cases, the puncture site for this cannula will first be anaesthetized with an ointment about one hour before general anaesthesia is administered. However, in some cases the cannula is not inserted until after the general anaesthetic has been begun via a mask. The physician will tell you which method is most suitable in the case of your child.

Your child's vital functions (e.g. blood pressure, pulse rate, oxygen saturation) will be monitored continually during anaesthetization and the entire procedure and remedial measures will be taken at once if there are any problems.

The procedures applicable to children are listed below. The physician will mark the procedure(s) which are suitable for the case of your child and discuss them without in detail.

General Anaesthesia Allgemeinanästhesie (Narkose)

A state similar to deep sleep is induced and maintained by medications until the procedure is over. During this period your child will not be conscious and its entire body will not be aware of any pain.

In the case of small children, the anaesthetic can be administered through a mask that is placed over the child's nose and mouth. Otherwise, it is generally injected directly into a vein through the indwelling venous cannula mentioned above. This can be sufficient for very short procedures (short intravenous general anaesthesia). If more time is needed, anaesthesia is maintained by regular administration of anaesthetic agents. Other medications such as pain killers and muscle relaxants are applied as indicated.

During general anaesthesia, the patient's own breathing is likely to be impaired or even stop. Consequently, mechanical ventilation is generally applied. A breathing mask is laid over the patient's mouth and nose for short operations, or a tube can be inserted into the patient's wind-pipe (intubation). Intubation ensures a very high degree of reliability for mechanical ventilation and helps to prevent aspiration of contents of the patient's stomach into the lungs. Alternatively, a special tube with a so-called laryngeal mask is inserted into the mouth until it reaches the larynx (voice box).

The anaesthesia is discontinued when the operation is over. This will cause your child to wake up, as if from a deep sleep. The mask, laryngeal mask or respiration tube can be removed as soon as your child is able to breathe by itself again. Your child will most likely be monitored for a while in the recovery room until all its important organ functions are clearly stable and it is sufficiently awake.

Post-Operative Pain Therapy

Selection of the procedure best suited to treating pain after the operation will depend on a number of factors, including the severity of the medical procedure performed and the pain to be expected. In many cases, administration of a pain killer will suffice (e.g. a suppository).

Local Anaesthesia (Infiltration Anaesthesia) Lokalanästhesie (Infiltrationsanästhesie)

With some medical procedures, injecting a local anaesthetic directly into or in the vicinity of the wound will definitely suffice to suppress the sensation of pain after the procedure is over.

Intravenous Pain Treatment Intravenöse Schmerzbehandlung

Pain killers can also be administered through the indwelling venous cannula or the ongoing infusion.

Regional Anaesthesia (block anaesthesia)

If fairly severe pain is anticipated, the nerves that supply the site of the procedure are anaesthetized at a location that lies outside this area. With some procedures a very thin, flexible plastic tube (catheter) can be inserted through a puncture needle so that a local anaesthetic can be administered repeatedly, as needed. This catheter can be left in place for several days. It is monitored by an experienced pain therapist.

Here, we just describe the most common regional anaesthesia procedures. If the physician recommends some other method for your child, he or she will explain it to you separately. The procedures described below are normally not carried out until your child is sleeping under general anaesthesia and will therefore not notice anything.

Procedures Related to the Spinal Cord

Epidural Anaesthesia / Epidural Catheter (PDA/PDC) Periduralanästhesie/Periduralkatheter (PDA/PDK)

With this procedure, the nerves that proceed from the spinal cord to the site of the operation are anaesthetized in the vicinity of the spinal canal (epidural space).



During this procedure, your child will lie on its side. The physician will feel along (palpate) your child's back to find the proper puncture site and mark it. He will push in a hollow needle between two vertebrae of your child's spine until it reaches the space near the spinal canal. Then he will carefully insert a very thin, flexible plastic tube (epidural catheter) through this needle.

Caudal Anaesthesia Kaudalanästhesie (KDA)

With this procedure, the nerves that proceed from the spinal cord to the site of the operation are anaesthetized in the vicinity of the tail-bone (coccyx). Thus this procedure is a special form of epidural anaesthesia. It is especially useful for infants, toddlers and little children.

During this procedure, your child will lie on its side. The physician will feel along (palpate) your child's sacral bone and mark the puncture point. He will then push in a thin needle through an opening in the tail-bone into the vertebral canal.

With both procedures, injecting a suitable local anaesthetic leads to a great reduction, and maybe even complete elimination of pain for several hours.

Procedures not related to the spinal cord

With the procedures described below, a local anaesthetic is applied to a particular nerve or bundle of nerves. A nerve stimulator attached to the injection needle is used to ensure that the nerves in question are quickly found. The stimulator sends weak electrical impulses toward the nerves. These impulses stimulate the nerves and thus trigger involuntary muscle twitches, which in turn tell the doctor when the injection needle is in the proper position. Then the physician injects the anaesthetic. This search

for the nerves can also be conducted under ultra-sound control.

The following procedures have proven themselves for children:

Ilioinguinal-Block Ilioinguinalis-Block

Freedom from pain in the area of the groin can be achieved by anaesthetizing the front abdominal wall.

Penile Root Block Peniswurzelblockade

Freedom from pain at and near the tip of the penis can be achieved by anaesthetizing the nerve fibres at the penile root.

Axillary Plexus-Block Axilläre Plexusblockade

With this procedure, the physician anaesthetizes the branching network of nerves located in the armpit. This network includes all the nerves that proceed from the cervical spine, through the arm and into the fingertips. Thus this procedure eliminates the sensation of pain in the entire arm of your child. It is especially useful for treating pain after surgery on the hand, the lower arm and elbow and parts of the upper arm.

PREPARATION AND POST-ANAESTHESIA CARE

Hinweise zur Vorbereitung und Nachsorge

We ask you and your child please to strictly follow the instructions of your physician and his or her assistants. What you will be expected to do can vary, depending on the type of anaesthesia and the procedure to be performed.

Preparation:

Medications: It is important that you tell your physician which medications are taken by your child on a regular basis or are injected (especially blood thinning medications like aspirin® [ASS], Marcumar®, heparin, Plavix®, etc.) and which other medications your child has taken in the 8 days before the medical procedure (e.g. pain killers such as ibuprofen, paracetamol.). You should also include all non-prescription and herbal medications. You will then be told which of these medications, if any, must be discontinued for which period of time.

Eating and Drinking:

Children under 1 year of age may be breast fed, drink from a bottle or receive other food **until 4 hours before** anaesthesia begins. **Until 2 hours before** anaesthesia begins they may only drink clear fluids such as water and unsweetened tea. **No food or beverage** of any kind is allowed **during the last 2 hours before** anaesthesia begins.

Children who are at least 1 year of age may take a small meal **until 6 hours before** anaesthesia begins. **Between 6 and 2 hours before** anaesthesia begins they may not eat anything, not suck on bonbons and not use chewing; they may only drink clear fluids such as water and unsweetened tea. **No food or beverage** of any kind is allowed **during the last 2 hours before** anaesthesia begins.

Refraining from eating and drinking as stated above should prevent stomach contents from finding their way into your child's lungs. Therefore, **it is very important that you tell your physician if these instructions on not eating and not drinking have not been followed.**

Removal of objects from your child's body:

Contact lenses, braces on teeth, eye glasses, jewellery of all kinds, wrist watches and all other objects that can be removed from the body must be removed before anaesthesia begins. You child should also not use facial cream or cosmetics. Questions of whether piercings and nail polish must be removed too have to be discussed with your physician.

Post-Anaesthesia Care:

After the procedure, your child will be monitored until its vital functions are stable. Nausea and vomiting caused by anaesthetic or pain killers does not last long and are normally easy to treat.

After anaesthesia, your child will still be sleepy for quite some time after it wakes up, and possibly temporarily confused. This is normal, and no reason to worry.

In the case of regional anaesthesia conducted for the purpose of post-operative pain therapy, your child's sense of touch and its ability to move in the anaesthetized region will be limited, so this part of your child's body must be protected from pressure, injuries, and heat / cold until the effects of the anaesthesia have passed.

If your child is to be treated as an outpatient, it must be picked up when the procedure is over and looked after by an adult for 24 hours or other period of time that your physician has recommended. Your child's abilities to react will be limited after the anaesthesia. Therefore for the next 24 hours after discharge from the hospital or physician's medical practise, you child may not participate actively in road traffic, not even on foot as a pedestrian. You child may also not use a bicycle or scooter, etc. and may also not stand on a ladder or engage in activities such as climbing or gymnastics.

Please be sure to inform your paediatrician immediately or visit the hospital or clinic in the event of complaints such as, for example, severe backaches or headaches, heart problems, pain with breathing or other breathing problems, circulatory disorders, hoarseness, fever, stiff neck, cramps, abnormal or impaired sensations, limitations in ability to move, constipation, and urinary retention. Such complaints require immediate attention and can even occur several days after the procedure. If symptoms such as **laboured breathing** and signs of **paralysis** appear to be **life threatening**, call **112** for emergency medical assistance.

You must also be sure to comply with all other instructions issued by your physician such as, for example, in respect to your child's diet, medications and physical activities.

RISKS, POSSIBLE COMPLICATIONS AND SIDE EFFECTS RISIKEN, MÖGLICHE KOMPLIKATIONEN UND NEBENWIRKUNGEN

It is generally known that **every medical procedure has its risks**, risks that might, under certain circumstances, require subsequent treatment or operations or even – possibly later on – become **life-threatening**. The frequency of possible side effects and complications depends on several factors such as, for example, previous illnesses and the type and severity of the medical procedure performed. Serious incidents are very rare, even in patients with previous severe damage to their health. When thinking this over, please keep in mind that we are obliged for legal reasons to advise you of all the risks associated with the anaesthesia procedure planned, including those that occur only very rarely. For example, the risk that some pain will be perceived despite proper administration of anaesthesia or that the patient will wake up before the medical procedure is over cannot be eliminated completely. However, almost all such patients cannot remember this afterward. During your explanatory appointment, your child's physician will be glad to explain the risks that specifically apply to your child. However, you can also waive your right to receive detailed explanations by skipping the rest of this section about risks. If you do so, please confirm this at the end of the form.

General Risks

Damage to the skin, soft tissue or nerves (caused, for example, by injections, inserting a catheter, disinfectants, the use of heating mats, or caused despite proper bedding) are rare. Such damages may result in abnormal or impaired sensations, sensory disorders, numbness, paralysis and pain. These complaints are generally temporary and go away by themselves or can be treated with good effect. In very rare cases these complaints may become permanent or scars are left behind.

Allergic reactions, for example to anaesthetic agents or other medications, are rare. They may result in redness of the skin, rashes, lumps in the skin, itching and swelling but also in nausea and coughing. These symptoms usually go away by themselves without treatment or can be treated well. Serious allergic reactions such as, for example, swelling of the laryngeal mucous membrane, disturbances of the cardiovascular system or of the functioning of

the lungs are very rare. The resulting laboured breathing, cramps, excessively rapid heartbeat or circulatory shock require intensive medical care. Temporary or even permanent damage to organs such as, for example, brain damage, impaired vision, nerve damages, or even paralysis, impaired kidney function or kidney failure can occur despite treatment.

Damage to major blood vessels near the puncture site is extremely rare.

In exceptional cases of **major bleeding** it can be necessary to administer a **transfusion** of blood or blood products from another person. This can lead to infections with pathogens such as, for example, in very rare cases the hepatitis virus (cause of dangerous liver infections), in extremely rare cases with HIV (cause of AIDS), with BSE (cause of a variant of the Creutzfeld-Jakob, or mad cow, disease) or with other dangerous pathogens that might still be unknown. A previous donation of the patient's own blood is possible and effective only in certain cases. After a blood transfusion it can be advisable to have tests conducted a few weeks later in order to be certain that no HIV or hepatitis viruses are present in the patient's body.

Disruptions of blood supply and formation of blood clots (**thromboses**) can lead to permanent damage to neighbouring tissue and the organs affected. Blood clots can also be carried along in the bloodstream and possibly block the blood vessels of other organs (**embolism**). This can cause permanent damages to organs even when treated at once with intensive medicine or an operation.

Infections at the entry site of the injection needle, cannula or catheter, such as abscess, **necroses** (death of tissue), with **scar formation or phlebitis** (vein inflammation) are rare. They result in swelling, redness, pain, excessive warmth in the skin and fever. In most cases such infections can be treated effectively with antibiotics. In extreme cases the germs can enter the bloodstream (bacteraemia) and cause dangerous blood poisoning (sepsis) or even an infection of the inner lining of the heart (endocardium). Then intensive medical treatment is required. In extremely rare cases, sepsis can lead to death despite treatment.

Bruises (haematomas) occur occasionally at or near the puncture site. They can cause formation of hard, painful swelling. Most of them disappear by themselves, even without treatment, after a few days or weeks.

General anaesthesia of children involves use of medications that have been **approved for adults, but not yet for children**. This means that while good extensive experience with the use of these medications has been gathered, the possibility of previously **unknown complications arising in children** cannot be entirely ruled out.

Special Risks of General Anaesthesia

When the body is under general anaesthesia, its protective reflexes do not work. Thus the pylorus can open involuntarily and stomach contents can find their way back into the esophagus and then into the lungs. This danger is particularly great if the instructions on not eating and drinking before the operation are not strictly followed. In very rare cases this can lead to **occlusion of the respiratory passages** or suffocation or a **lung infection** with possibly permanent damage to lung tissue or even **pulmonary (lung) failure**.

Occlusion of the respiratory passages caused by muscle cramps of the larynx (laryngospasm) is rare and can generally be treated well.

The following complications can arise when the breathing tube or laryngeal mask is inserted: sometimes the patient gets a **sore throat**, has **problems with swallowing** or becomes **hoarse**. Most of these complaints vanish by themselves without treatment. The following are very rare: **Injuries to the jaw, throat, larynx, vocal cords and the trachea** with abnormal or impaired sensations, laboured breathing, permanent swallowing difficulties and hoarseness; damages to teeth, especially in cases of loose teeth,

cavities, paradontosis and fixed dental prostheses or even loss of teeth, which require treatment by a dentist.

In extremely rare cases, when a certain hereditary disposition is present, administration of anaesthesia medications can bring about a sudden rise in body temperature (**malignant hyperthermia**). This can result in heart, circulatory and respiratory arrest and the loss of function of several organs. In such a case intensive medical care is administered at once in order to prevent these dangers.

Special Risks of Regional Anaesthesia

Experience has shown that **disorders in the sense of touch** such as **feelings of heaviness** or **numbness, muscle twitching**, and **prickling** in the anaesthetized areas normally vanish after a few weeks.

If the anaesthetic agent inadvertently finds its way into the bloodstream, or, in the case of epidural anaesthesia, into the spinal canal, there can be **seizures, heart and circulatory disorders**, and even **unconsciousness** and **respiratory failure**. Intensive medicine must be applied immediately in order to prevent permanent damage to the brain.

Further Possible Complications with Epidural or Caudal Anaesthesia

A drastic **drop in blood pressure and pulse, slowed heart beat** and **laboured breathing** accompanied by nausea and dizziness are mostly temporary but may well have to be treated with medications.

Temporary **urinary retention** and **rectal function disorders** are frequent. It can be necessary to insert a urinary catheter to empty the bladder or to take other measures too.

Severe **back pain** or pain in the area of the tailbone occasionally occur after the catheter is removed and can also persist for several days. They are easy to treat with medications.

Sometimes there are severe headaches caused by leakage of cerebrospinal fluid through the puncture site at the spinal canal. These complaints often subside after a while; the patient should drink lots of fluids, take certain medications and possibly stay in bed. In some cases it can be necessary to inject the patient's own blood into the epidural space (blood patch). In extremely rare cases, these problems last over a year. In an extreme case there can be a haematoma in the area of the brain (**subdural haematoma**), a collection of fluids (**hygroma**) or impairment of brain nerves. Permanent failure symptoms such as **impaired sight and hearing** are very rare.

Damages to nerves or the spinal cord caused by injections, inserting catheters, removing catheters, haemorrhages, haematomas (bruises), or infections are very rare. In almost all of these cases, functional disorders of the affected organs (e.g. bladder, intestine) are temporary; permanent cases are very rare. These conditions can lead to pain, oversensitivity, feelings of numbness, motor disorders in the affected limbs and even paralysis (extreme case: paraplegia).

In exceptional cases, an infection can lead to development of **meningitis**, leading to permanent brain damage.

Questions about Your Medical History

Please fill in the following questionnaire carefully before your information talk. **Please tick the applicable box!** It goes without saying that your information will be treated confidentially. The information you provide will help the physician to better assess the risks of anaesthesia in your particular case, to advise you on the complications that could occur, and to take any steps needed to prevent complications and side effects.

yes=ja no=nein

Gender: m / f, age: _____ years, weight: _____ kg, height: _____ cm
 Geschlecht: m / w Alter: Jahre, Gewicht: kg, Größe: cm

Was your child born prematurely (too early)?

Wurde Ihr Kind zu früh geboren? yes no

If so, which week of pregnancy? _____
 Wenn ja, welche Schwangerschaftswoche?

weight at birth: _____
 Geburtsgewicht:

Has your child received medical treatment during the past 4 months?

Wurde Ihr Kind in den letzten 4 Monaten ärztlich behandelt? yes no

If so, why? _____
 Wenn ja, weswegen?

Has your child had an infection during the past 3 weeks?

Hatte Ihr Kind in den letzten 3 Wochen einen Infekt? yes no

Has your child been vaccinated during the past 4 weeks?

Wurde Ihr Kind in den letzten 4 Wochen geimpft? yes no

If so, against which diseases? _____
 Wenn ja, wogegen?

Have your child been operated on before?

Wurde Ihr Kind bereits früher operiert? yes no

If so, when and why? _____
 Wenn ja, weswegen und wann?

Were there complications with anaesthesia or treating pain?

Ergaben sich damals bei der Anästhesie oder Schmerzbehandlung Komplikationen? yes no

If so, which ones? _____
 Wenn ja, welche?

Have any blood relations (parents, brothers, sisters) ever experienced an unforeseen incident in connection with an anaesthetic procedure? yes no

Kam es bei Blutsverwandten (Eltern, Geschwister) zu Zwischenfällen im Zusammenhang mit einer Anästhesie?

Has your child ever received a blood transfusion?

Hat Ihr Kind schon einmal eine Bluttransfusion erhalten? yes no

If so, when? _____
 Wenn ja, wann?

Were there any complications? yes no
 Ergaben sich dabei Komplikationen?

If so, which ones? _____
 Wenn ja, welche?

Is there a possibility that your daughter could be pregnant?

Könnte, soweit bereits möglich, eine Schwangerschaft vorliegen? yes no

Information about medications:

Does your child regularly require blood thinning medications (anticoagulants) or has it taken any or have any been injected during the past 8 days? yes no

Benötigt Ihr Kind regelmäßig blutgerinnungshemmende Mittel oder hat es in der letzten Zeit (bis vor 8 Tagen) welche eingenommen bzw. gespritzt?

If so, which ones? _____
 Wenn ja, welche

Does your child take any other medications?

Nimmt Ihr Kind andere Medikamente ein? yes no

If so, which ones: _____
 Wenn ja, bitte auflisten:

(Please include non-prescription medications, herbal and other natural remedies, vitamins, etc.)
 (Auch rezeptfreie Medikamente, natürliche oder pflanzliche Heilmittel, Vitamine, etc.)

If certain answers are preselected, please correct them if anything has changed.)

Does your child has or has your child ever had any of the following diseases? Liegen oder lagen nachstehende Erkrankungen vor:

Blood diseases / blood clotting disorders? yes no

increased tendency to bleed (e.g. frequent nose-bleeds, increased bleeding after surgery, minor wounds or dental treatment), tendency to bruise (frequent bruising possibly for no particular reason).

Bluterkrankung/Blutgerinnungsstörung? Erhöhte Blutungsneigung (z.B. häufiges Nasenbluten, verstärkte Nachblutung nach Operationen, bei kleinen Verletzungen oder Zahnarztbehandlung), Neigung zu Blutergüssen (häufig blaue Flecken auch ohne besonderen Anlass).

Do you have any blood relatives with signs of blood disease / clotting disorders? yes no

Gibt es bei Blutsverwandten Hinweise auf Bluterkrankungen/Blutgerinnungsstörungen?

Allergies / Oversensitivity? yes no

medications, foods, contrast media, iodine, sticking plaster, latex (e.g. rubber gloves, balloons) pollen (grass, trees), anaesthetics, metals (itching caused by metal spectacles frames, jewellery, jeans buttons).

Allergie/Überempfindlichkeit? Medikamente, Lebensmittel, Kontrastmittel, Jod, Pflaster, Latex (z.B. Gummihandschuhe, Luftballon), Pollen (Gräser, Bäume), Betäubungsmittel, Metalle (z. B. Juckreiz durch Metallbrillengestell, Modeschmuck oder Hosennieten).

Other: _____

Sonstiges:

Heart, circulatory or blood vessel diseases? yes no

heart defect, heart valve disease, heart surgery.

Herz-/Kreislauf-/Gefäß-Erkrankungen? Herzfehler, Herzklappenerkrankung, Herzoperation.

Other: _____

Sonstiges:

Diseases of the respiratory tract (breathing passages) or lungs? yes no

asthma, inflammation of the lungs, vocal cord or diaphragm paralysis.

Erkrankung der Atemwege/Lungen? Asthma, Lungenentzündung, Stimmband-Zwerchfelllähmung.

Other: _____

Sonstiges:

Metabolic diseases? yes no

diabetes (sugar sickness), fructose malabsorption.

Stoffwechsel-Erkrankungen? Diabetes (Zuckerkrankheit), Fruchtzuckerunverträglichkeit.

Other: _____

Sonstiges:

Thyroid diseases? yes no

underactive thyroid, overactive thyroid.

Schilddrüsenerkrankungen? Unterfunktion, Überfunktion.

Other: _____

Sonstiges:

Important Questions for Outpatient Procedures

Who will pick up your child as soon as it is discharged from the hospital / clinic / doctor's practice?

Wer wird Ihr Kind abholen, sobald es aus Klinik/Praxis entlassen wird?

Name and age of this person (Name und Alter des Abholers)

Where can your child or you be reached during the 24 hours after the medical procedure? Wo ist Ihr Kind/sind Sie in den 24 Stunden nach dem Eingriff erreichbar?

Street, number (Straße, Hausnummer) postcode, place (PLZ, Ort)

Telephone number (Telefonnummer) Name and age of person who will look after your child (Name und Alter der Aufsichtsperson)

Kidney diseases? kidney insufficiency. yes no

Nierenerkrankungen? Nierenfunktionsstörung (Niereninsuffizienz).

Other: _____

Sonstiges:

Liver diseases? jaundice. yes no

Lebererkrankungen? Gelbsucht.

Other: _____

Sonstiges:

Disorders of the musculo- skeletal system in your child or in blood relatives? yes no

congenital or acquired changes in the chest, shoulder-arm syndrome, muscle weakness (e.g. Myasthenia gravis), tendency to elevated body temperature.

Erkrankungen des Muskel- und Skelettsystems (auch bei Blutsverwandten)? angeborene oder erworbene Veränderungen des Brustkorbs, Schulter-Arm-Syndrom, Muskelschwäche, Neigung zur überhöhten Körpertemperatur.

Other: _____

Sonstiges:

Diseases of the nervous system? yes no

brain disease or brain injuries, paralysis (anywhere), epilepsy.

Erkrankung des Nervensystems? Gehirnerkrankungen oder -verletzungen, Lähmungen, Krampfanfälle (Epilepsie).

Other: _____

Sonstiges:

Communicable (contagious) diseases? yes no

hepatitis, tuberculosis, HIV.

Infektionskrankheiten? Hepatitis, Tuberkulose, HIV.

Other: _____

Sonstiges:

Damages to teeth / dental prostheses? yes no

loose teeth, braces.

Zahnschäden/Zahnersatz? lockere Zähne, Zahnspange.

Other: _____

Sonstiges:

Any other acute or chronic diseases / illnesses? yes no

Nicht aufgeführte akute oder chronische Erkrankungen?

Please describe: _____

Bitte kurz beschreiben:

Habits: Lebensgewohnheiten:

Does your child use cigarettes, alcohol or drugs? yes no

If so, what and how much:

Konsumiert Ihr Kind Zigaretten, Alkohol, Drogen? Wenn ja, was und wie viel:

Med. Dokumentation of Explanatory Appointment

Ärztl. Dokumentation zum Aufklärungsgespräch

To be filled in by the physician Wird vom Arzt ausgefüllt

Über folgende Themen (z.B. mögliche Komplikationen, die sich aus den spezifischen Risiken beim Patienten ergeben können, nähere Informationen zu den Alternativ-Methoden, Risiken möglicher Nebeneingriffe und Zusatzmaßnahmen, mögliche Konsequenzen, wenn die Anästhesie verschoben oder abgelehnt wird) habe ich die Eltern im Gespräch näher aufgeklärt:

I have proposed: Vorgeschlagen habe ich:

- | | |
|---|--|
| <input type="checkbox"/> General anaesthesia
Allgemeinanästhesie | <input type="checkbox"/> Axillary plexus block
Axilläre Plexusanästhesie |
| <input type="checkbox"/> Local anaesthesia
Lokalanästhesie | <input type="checkbox"/> Intravenous Pain Treatment
Intravenöse Schmerzbehandlung |
| <input type="checkbox"/> Epidural catheter
Periduralkatheter (PDK) | <input type="checkbox"/> Caudal anaesthesia
Kaudalanästhesie (KDA) |
| <input type="checkbox"/> Iliogastral block
Iliogastralis-Block | <input type="checkbox"/> Penile root block
Peniswurzel-Block |

Planned secondary procedures:

Geplante Nebeneingriffe: (zusätzliche Risiken bitte oben vermerken)

The following secondary procedures can be necessary in certain particular situations. You will be informed of the specific risks and possible complications during the explanatory appointment.

- | | |
|---|---|
| <input type="checkbox"/> Central venous catheter
Zentralvenöser Katheter | <input type="checkbox"/> Transesophageal echocardiogram
(TEE) TEE („Schluckecho“) |
| <input type="checkbox"/> Arterial catheter
Arterienkatheter | <input type="checkbox"/> Urinary catheter
Blasenkatheter |
| <input type="checkbox"/> Bronchoscopy
Bronchoskopie | <input type="checkbox"/> Postoperative intensive care
postoperative Intensivbehandlung |

Instructions on Eating and Drinking: Anweisung zum Nüchternheitsgebot

- No solid food after _____ hours on day before procedure
keine feste Nahrung ab ___ Uhr am Vortag des Eingriffs
- No food, beverages or alcohol after _____ hours on the day of the procedure, only water and clear, unsweetened liquids
keine Nahrung, Getränke, Alkohol ab ___ Uhr am Tag des Eingriffs
- Nothing at all after _____ hours on the day of the procedure
keine klare Flüssigkeit ab ___ Uhr am Tag des Eingriffs

Ability to take an independent decision on granting consent:

Fähigkeit der eigenständigen Einwilligung:

- The child is represented by one or both of its parents representing the child have the ability to take a decision in the child's best interests. Das Kind wird von seinen Eltern/einem Elternteil vertreten. Diese(r) sind / ist in der Lage, eine Entscheidung im Sinne des Kindes zu treffen.
- The child is represented by a custodian or other legal guardian. This person is in a position to take a decision in the child's best interests. Das Kind wird von einem Betreuer/Vormund vertreten. Dieser ist in der Lage, eine Entscheidung im Sinne des Kindes zu treffen.

Place, Date and Time (Ort, Datum, Uhrzeit)

Physician's signature (Unterschrift der Ärztin / des Arztes)

Refusal of the Parents / Child Ablehnung der Eltern/des Kindes

Dr. _____ has given me / us a full explanation of the anaesthesia procedure proposed for my / our child and of the disadvantages that will result from my / our refusal. I / We have understood this explanation. I was also able to discuss with this physician my knowledge and understanding of the information given to me. I / We hereby refuse the anaesthesia procedure that has been proposed. Frau/Herr Dr. ___ hat mich/uns umfassend über die für unser Kind vorgeschlagene Betäubungsart und über die sich aus meiner/unserer Ablehnung ergebenden

Nachteile aufgeklärt. Ich/Wir habe(n) die diesbezügliche Aufklärung verstanden und konnte(n) meine/unsere Erkenntnisse über die mir/uns erteilten Informationen mit dem Arzt diskutieren. Ich/Wir lehne(n) das vorgeschlagene Betäubungsverfahren ab.

Place, Date and Time (Ort, Datum, Uhrzeit)

Signature of the parent(s)* / legal guardian(s) / the child, as applicable / witness, if any (Unterschrift Eltern* / Betreuer / Vormund / ggf. des Kindes / ggf. des Zeugen)

Parents' / Child's Declaration and Consent

Please mark your declaration in the applicable box and then confirm it with your signature:

- I / We hereby confirm that I / we have understood all the parts of this explanation for patients. I / We have read this explanatory document (6 pages) in its entirety. During the explanatory appointment, Dr _____ has given me / us a comprehensive explanation of how the anaesthesia procedure scheduled is carried out, its risks, complications and side effects in the specific case of my / our child, and the advantages and disadvantages of the alternative methods. Ich/Wir bestätige(n) hiermit, dass ich/wir alle Bestandteile der Patientenaufklärung verstanden haben. Diesen Aufklärungsbogen (6 Seiten) habe(n) ich/wir vollständig gelesen. Im Aufklärungsgespräch mit Frau/Herrn Dr. ___ wurde(n) ich/wir über den Ablauf des geplanten Betäubungsverfahrens, dessen Risiken, Komplikationen und Nebenwirkungen im speziellen Fall unseres Kindes und über die Vor- und Nachteile der Alternativmethoden umfassend informiert.
- I / We have seen and understood the film about the anaesthesia procedure that has been scheduled. Den Informationsfilm über die geplante Betäubung habe(n) ich/wir gesehen und verstanden.
- I / We hereby deliberately waive my / our rights to more detailed explanations. However, I hereby confirm that I have been informed by the attending physician of the necessity of anaesthesia, of its type and extent, and of the circumstance that all anaesthesia procedures have their risks. Ich/Wir verzichte(n) bewusst auf eine ausführliche Aufklärung. Ich/Wir bestätige(n) hiermit allerdings, dass ich/wir von dem behandelnden Arzt über die Erforderlichkeit der Betäubung, deren Art und Umfang sowie über den Umstand, dass alle Betäubungsverfahren Risiken bergen, informiert wurde(n).

I / we affirm that I / we have no further questions and do not need any more time in which to think the matter over. I / We consent to the proposed anaesthesia procedure. I / We have answered the questions about my / our child's medical history completely and to the best of our knowledge and belief. Ich/Wir versichere(n), dass ich/wir keine weiteren Fragen habe(n) und keine zusätzliche Bedenkzeit benötige(n). Ich/Wir stimme(n) dem vorgeschlagenen Betäubungsverfahren zu. Die Fragen zur Krankengeschichte (Anamnese) unseres Kindes habe(n) ich/wir nach bestem Wissen vollständig beantwortet.

I / We also consent to all necessary auxiliary and follow-up measures (e.g. central venous catheter). I / We have also been informed that the anaesthesia might entail the use of medications that have not yet been approved for children. Ich/Wir willige(n) ebenfalls in alle notwendigen Neben- und Folgemaßnahmen (z.B. zentralvenöser Katheter) ein. Ich/Wir wurde(n) auch darüber informiert, dass bei der Anästhesie ggf. Medikamente zum Einsatz kommen, die für Kinder noch nicht zugelassen sind.

- My / Our approval also covers any changes or extensions of the procedure that become necessary, e.g. combination with another local anaesthesia procedure. Meine/Unsere Einwilligung bezieht sich auch auf erforderliche Änderungen des Verfahrens, z.B. Kombination mit einem anderen örtlichen Betäubungsverfahren.

I / We affirm that I am / we are in a position to follow the medical instructions I / we have received in regard to what is expected of me / us. Ich/Wir versichere(n), dass ich/wir in der Lage bin/sind, die ärztlichen Verhaltenshinweise zu befolgen.

- I agree that my copy of this explanatory form may be sent to the following e-mail address:
Ich bin damit einverstanden, dass meine Kopie dieses Aufklärungsbogens an folgende E-Mail-Adresse gesendet wird:

E-mail-address [E-Mail-Adresse]

Place, Date and Time [Ort, Datum, Uhrzeit]

Signature of the parent(s)* / legal guardian(s) / the child, as applicable (Unterschrift Eltern*/Betreuer/Vormund/ggf. Kind)

Copy/Kopie: received/erhalten
 waived/verzichtet

Signature parent(s) / legal guardian(s) / the child, as applicable (Unterschrift Eltern/Betreuer/Vormund/ggf. des Kindes)

*If only one parent signs, then by so doing this parent declares that he/she has sole rights of custody or is acting with the consent of the other parent.