

Klinik / Praxis:



Data about the patient: Patientendaten:

Dear patient, dear parents,

you/your child will undergo on _____ a _____ under **general anaesthesia** **local anaesthesia** on an out-patient basis. bei Ihnen/Ihrem Kind wird am ___ eine ambulante _____ Narkose Regionalanästhesie durchgeführt.

Please bring along the following medical reports marked below on the day of the procedure:

- the following blood values (no older than two weeks on the day of the procedure)
folgende Blutwerte (am Operationstag nicht älter als 2 Wochen)
- blood count Blutbild blood coagulation Blutgerinnung blood sugar levels Blutzucker liver values Leberwerte
- electrolytes Elektrolyte kidney values Nierenwerte CRP CRP

Bringen Sie bitte die folgenden markierten Befunde am Operationstag mit:

- ECG with diagnosis befundetes EKG chest X-ray, with diagnosis (please bring along images)
Röntgenthorax, befundet (bitte Bilder mitbringen)
- Other Sonstiges: _____

no further medical reports keine weiteren Untersuchungsbefunde

PLEASE ALSO NOTE THE FOLLOWING

BEACHTEN SIE BITTE AUCH FOLGENDES

Please come to the clinic on the day of the procedure at the time stated below:

Bitte kommen Sie am Tag der Operation zur unten genannten Uhrzeit in die Klinik:

time, clinic, department, address [Uhrzeit, Klinik, Abteilung, Adresse]

Please remember to remove any removable objects such as contact lenses, hearing aids, glasses or jewellery. Please do not put on any make-up or facial cream. Please consult your doctor to find out whether dentures (dental prosthetics), piercings or nail polish should be removed prior to the procedure.

Medication: It is important for you to inform you doctor of any medication you have to take or inject on a regular basis. Your doctor will let you know if and for how long you/your child need to stop taking the medication.

Medikamenteneinnahme: Wichtig ist, dass Sie Ihrem Arzt mitteilen, welche Medikamente Sie regelmäßig einnehmen oder spritzen müssen. Ihr Arzt wird Sie informieren, ob und für welchen Zeitraum Sie/Ihr Kind die Medikamente absetzen müssen.

Medication Medikament	last taken (date/time) letzte Einnahme [Datum/Uhrzeit]

Food, drink and smoking: Please only eat light meals on the day before your scheduled procedure. As a general rule, you may not eat anything any more 6-8 hours prior to the procedure and not drink any juices with pulp, milk, broth or alcohol; you must also refrain from smoking. Clear fluids in small amounts (e.g. 1-2 cups of water or unsweetened tea with no milk or cream) may be allowed up to two hours prior to the administration of the anaesthetic.

Do not undergo any vaccination in the meantime. If there are any significant changes to your/your child's overall health, especially on the eve of the procedure, during the night or on the morning prior to the procedure, in particular a cold, cough, fever (38°Celsius or higher) or any other illness, the planned procedure will have to be rescheduled. Please inform us immediately after the illness has been noticed.

Should you have **further questions** or should the procedure have to be rescheduled, you can reach us at the following number:

Sollten Sie noch **weitere Fragen** haben oder falls die Operation verschoben werden muss, erreichen Sie uns unter Tel.:

If the procedure is performed on an out-patient basis, it is necessary for an adult to come and collect you/your child.

Nach einem **ambulanten Eingriff** müssen Sie/Ihr Kind von einer erwachsenen Person abgeholt werden.

Name and age of person collecting the patient [Name und Lebensalter des Abholers]

Please also make sure there will be an adult at home to supervise you/your child for 24 hours after the procedure or for the period of time recommended by your doctor. Your/Your child's reaction capacity will be impaired after receiving anaesthesia. Therefore, you/your child must not actively participate in road traffic for **a period of 24 hours** after having been released (not even as a pedestrian) nor participate in any risky activities. You/Your child should also refrain from taking any important decisions during this period. **Where can we reach you within the 24 hours after the procedure?**

Street, house number, postcode, place: [Straße, Hausnummer, PLZ, Ort]

Name and age of person looking after you: [Name und Alter der Aufsichtsperson]

_____ hours after the procedure, you/your child may carefully drink clear fluids (water, tea); after _____ hours, you/your child may eat.

Nach ____ Stunden nach dem Eingriff darf vorsichtig klare Flüssigkeit (Wasser, Tee) getrunken, nach ____ Stunden gegessen werden.

Please inform your doctor immediately or come to the clinic if you/your child experience/s symptoms such as pain breathing, intense back- or headaches, heart problems, trouble breathing or circulatory problems, hoarseness, a temperature, a stiff neck, spasms, paraesthesia, paralysis or restrictions of motion, faecal or urinary retention. These symptoms may appear even days after the procedure and must be examined immediately.

Bitte **informieren Sie sofort Ihren Arzt** oder suchen Sie die Klinik auf, falls Schmerzen beim Atmen, starke Rücken- oder Kopfschmerzen, Herzbeschwerden, Atem- oder Kreislaufstörungen, Heiserkeit, Fieber, Nackensteife, Krämpfe, Missempfindungen, Lähmungserscheinungen bzw. Bewegungseinschränkungen, Stuhl- oder Harnverhalt auftreten. Sie erfordern eine sofortige Behandlung und können auch noch Tage nach dem Eingriff auftreten.

Patient/parent/legal guardian statement

Erklärung Patientin/Patient/Erziehungsberechtigte

I/we have read and understood the instructions. I/we confirm that I am/we are capable of following the instructions given to me/us by my/our doctor.

Ich/Wir habe(n) die Anweisungen gelesen und verstanden. Ich/Wir versichere/n, dass ich/wir in der Lage bin/sind, die ärztlichen Verhaltenshinweise zu befolgen.

*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.

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, Time [Ort, Datum, Uhrzeit]

_____ 

Signature of patient/legal guardian(s)
[Unterschrift Patient /in / Eltern*/ Betreuer / Vormund]

Copy/Kopie: received/erhalten
 waived/verzichtet

Signature Copy received/waived
[Unterschrift Kopie erhalten/verzichtet]