

# MEDICAL RECORD

Last and given name(s).....  
Personal Identification Number PESEL.....  
Residence address.....  
Phone number.....

The person authorised by the patient to be contacted and receive information concerning the condition and health services provided

Full name.....  
Address.....  
Phone number.....

I hereby authorise Mr(s)..... holder of the ID card no. ....series....., Personal Identification Number PESEL.....

To receive my medical record in case of my death.

.....  
date patient's signature

Diagnosis made by the referring physician

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.....  
.....

Type of procedure

.....  
.....  
.....  
.....

Admission date.....

Discharge date.....



## Observation at the recovery room

Blood pressure	Pulse	Breath	Saturation	Temperature

The answer NO renders the discharge impossible

Total regain of awareness	<input type="checkbox"/>	<input type="checkbox"/>	
Regain of defensive reflexes ( swallowing, cough )	<input type="checkbox"/>	<input type="checkbox"/>	
Regain of motor actions and normal behaviour	<input type="checkbox"/>	<input type="checkbox"/>	

The answer YES renders the discharge impossible

Abnormal parameters ( blood pressure, pulse )	<input type="checkbox"/>	<input type="checkbox"/>	
Complications during the procedure	<input type="checkbox"/>	<input type="checkbox"/>	
Unexpected prolongation of the procedure	<input type="checkbox"/>	<input type="checkbox"/>	
Post-operative bleeding	<input type="checkbox"/>	<input type="checkbox"/>	
Breathing distortions	<input type="checkbox"/>	<input type="checkbox"/>	
Stridor	<input type="checkbox"/>	<input type="checkbox"/>	
Nausea or vomiting	<input type="checkbox"/>	<input type="checkbox"/>	

### POST-OPERATIVE OBSERVATION CONCLUSIONS

The patient qualifies to be discharged home	<input type="checkbox"/>	
The patient qualified for further hospitalization at the department	<input type="checkbox"/>	
The patient qualifies to be transported to a specialist hospital	<input type="checkbox"/>	

.....  
date and signature of the operator

.....  
anaesthesiologist's signature

**HOSPITAL DISCHARGE CARD**

Discharge summary dated.....

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# QUALIFICATION CARD FOR SURGERY

Full name.....  
Address .....  
Personal Identification Number PESEL .....

## HISTORY

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## PHYSICAL EXAMINATION

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## LOCAL CONDITION

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.....  
.....  
.....

## DIAGNOSIS

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.....

## PLANNED PROCEDURE

.....  
.....

Patient according to the ASA class of.....

CRITERIA EXCLUDING ONE-DAY SURGERY

- the ASA class of 3,4,5
- blood diseases, haemorrhagic conditions
- metabolic diseases ( diabetes )
- active infection ( particularly of respiratory tract )
- undiagnosed or uncontrolled heart disorder
- history of convulsion within the last 6 months
- malignant hyperpyrexia
- increased risk of post-operative bleeding


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The patient received the information brochure concerning the surgery, anaesthesia and preparation to the procedure as well as the post-operative care

.....  
Date

.....  
Doctor's signature

Any comments of the anaesthesiologist :

.....  
.....  
.....

## QUESTIONNAIRE

Please provide all information in block letters or circle the correct answer

- Weight.....Height.....Age.....
- Have you been under medical care due to a chronic disease recently ?  
.....  
.....
- Are you pregnant ?( date of the last menstruation )  
.....
- Do you take any medicines permanently ?  
.....  
.....
- Have you taken any anti-flu, analgesic, anticoagulant, anti-rheumatic medicines within the last 10 days?  
.....
- What surgeries have you undergone so far and which year ?  
.....  
.....  
.....
- Did anything particular happen in relations to these procedures?  
.....  
.....
- Have your relatives had any complications following anaesthesia ?  
.....  
.....
- Have you ever had your blood transfused ?  
.....
- Were there any complications ?  
.....

**Do you know that you are currently or have suffered for any of the following diseases?**

- Muscle diseases or muscle flaccidity ?  
YES            NO
- Do or did your relatives suffer from muscle diseases or muscle flaccidity ?  
YES            NO
- Heart diseases, e.g. heart attack, coronary disease, heart disease, myocarditis, arrhythmia, other ?  
YES            NO
- Are you suffering from hypertension ?  
YES            NO
- Lung and respiratory diseases ( tuberculosis, coniosis, pneumonia, empysema, asthma ) ?  
YES            NO
- Liver diseases ( hepatitis, necrosis, other)?  
YES            NO
- Do you suffer from lower extremity varices ?  
YES            NO
- Kidney diseases ( nephrolithiasis, inflammation, other ) ?

- YES            NO
- Metabolism disorders (e.g. diabetes ) ?  
YES            NO
  - Thyroid diseases ( e.g. hyperthyroidism, hypothyroidism, thyroid enlargement, other)?  
YES            NO
  - Eye diseases ( e.g. cataract, glaucoma, other)?  
YES            NO
  - Nervous system diseases ( e.g. epilepsy, paresis, other )?  
YES            NO
  - Have you been treated for mental disorders ( e.g. depression, neurosis, other)?  
YES            NO
  - Bone system diseases ( of the spine, joints, other)?  
YES            NO
  - Do you suffer from stomach or duodenal ulcerative disease ?  
YES            NO
  - Blood diseases or coagulation disorders ( e.g. predisposition to haematomas, nose bleeding, other )?  
YES            NO
  - Allergies ( hay fever, rashes, hypersensitivity to food, medicines, adhesive plaster )?  
YES            NO
  - Do you suffer from another diseases not listed above ?  
YES            NO  
What disease?.....
  - Do you wear dentures ( e.g. crowns, bridges, removable dentures, other)?  
YES            NO
  - Do you have loose teeth ?  
YES            NO
  - Do you smoke regularly ?  
YES            NO
  - Do you drink alcohol regularly ?  
YES            NO
  - Are you used to any medications ?  
YES            NO
  - Do you hear badly ?  
YES            NO





# INFORMED CONSENT TO ANAESTHESIA

Patient's data

Full name \_\_\_\_\_ Date of birth \_\_\_\_\_

Anaesthesia

1. Surgery .....

2. Suggested anaesthesiological procedure.

- Intubation
- Laryngeal mask airway (LMA)
- GA mask

1. I have fully assessed the patient's condition prior to the anaesthesia.

2. I explained to the patient the nature of the anaesthesia to be administered during the procedure with particular consideration of :

- Anaesthesiological procedure
- Side effects following the anaesthesia
- Risk factors

3. I provided the patient with enough time to complete the anaesthesiological questionnaire.

.....  
Anaesthesiologist's signature

.....  
Date

## Consent to anaesthesia

Your surgery should be performed under general anaesthesia. However, each and every general/local anaesthesia is bound with some complications and side effects.

These are:

1. Acute heart attack which may be anaesthesia- or surgery-induced, particularly in patients with diagnosed coronary diseases.
2. Stroke which may be anaesthesia- or surgery-induced, particularly in patients suspected or diagnosed with coronary diseases or brain vessel diseases.
3. Aspiration pneumonia related with vomiting during the anaesthesia
4. Malignant hypertension which may be related to the anaesthesia
5. Abnormal reaction caused by allergy to medicines or transfusion.
6. Irreversible nerve damage during regional anaesthesia.
7. Pneumonia or atelectasis possibly caused by pre-existing upper respiratory tract infection.
9. Maintaining proper drainage of the respiratory tract during the anaesthesia may be related to damage to teeth, oral mucosa, lips.
11. A particular position of the patient during the surgery may cause nerve damage or ulcers and bedsores.
12. During very long surgeries hoarseness or vocal cords damages may occur.
13. While waking up from the anaesthesia the patient may feel pain, and the following conditions may happen: unstable blood pressure, nausea/vomiting, arrhythmia and rarely dyspnoea, cyanosis and other disorders which will abate shortly thereafter.

The anaesthesiologist, ....., MD discussed with me the pre-, intra- and post-operative procedure today. During the discussion I could ask questions concerning the anaesthesia, post-operative care, risk related thereto and possibility of complications, and I received complete and understandable answers.

Being aware of possible consequences to my health I hereby declare that I have not kept in secret any information concerning my condition, treatment to date and medicines I take.

I give my consent having made independent decision and I had enough time to make such decision.

I also give my consent to justified additional medical procedures such as: blood, plasma and other body liquid transfusions, additional access and change of anaesthesia if required. I hereby give my consent for the suggested treatment of the post-operative pain. I give the following restriction concerning the medical procedure:

.....

.....  
Patient's signature

.....  
Date

.....  
Witness' signature