ANAESTHESIA FORM NARKOSEVORM

SA Society of Anaesthesiologists www.sasaweb.com

LEES ASSEBLIEF AFDELINGS A, B, C, & D, VUL GEGEWENS IN, TEKEN ONDER EN OORHANDIG AAN DIE ANESTESIOLOOG.
L.W. AFDELING C MOET INGEVUL WORD DEUR DIE REKENINGPLIGTIGE

PLEASE READ AND COMPLETE SECTIONS A, B, C, & D, SIGN BELOW AND HAND TO THE ANAESTHESIOLOGIST.
N.B.SECTION C. MUST BE COMPLETED BY THE PERSON RESPONSIBLE FOR THE ACCOUNT.

A OOREENKOMS TUSSEN DIE ANESTESIOLOOG EN PATIËNT
AGREEMENT BETWEEN THE ANAESTHESIOLOGIST AND PATIENT

PATIËNT:

A1. Ek begryp dat 'n insidentvrye narkose nie gewaarborg kan word nie.

A2. Ek begryp dat teatertoerusting en personeel deur die hospital verskaf word. Narkosetoerusting word daagliks getoets.

A3. Ek onderneem om nie alkohol te verbruik, 'n motorvoertuig te bestuur of enige gevaarlike toerusting te hanteer, belangrike besluite te neem of dokumente te teken vir 'n tydperk van 24 uur na narkose toegedien is nie.

A4. Ek verleen toestemming dat my persoonlike inligting bekend gemaak mag word aan belanghebbende instansies, soos deur die wet bepaal, asook anonieme data van 'n kliniese en praktykbesturende aard wat tot die bevordering van die pasiënt se welstand mag bydra.

Ek het bostaande gelees, begryp en aanvaar die voorwaardes soos uiteengesit. Ek verklaar dat ek by my volle verstand is ten tye van ondertekening en dat ek dit uit vrye wil doen. Hiermee gee ek toestemming vir narkose vir myself.

GETEKEN: DATUM:

BETALING:

A5. U narkose rekening is totaal onafhanklik van enige ander rekening wat deur die hospitaal of chirurg uitgereik word.

A6. Die koste (beraming) vir die narkose was met my bespreek:

A7. Die koste (beraming) soos uiteengesit in deel C is gebasseer op hoe lank die procedure sal duur, en mag verander weens onvoorsiene omstandighede of onverwagte komplikasies.

A8. U is persoonlik verantwoordelik vir betaling van u rekenning en nie u mediese fonds nie. U mediese fonds mag dalk nie die hele bedrag dek nie, afhangend van die mediese fonds en die plan opsie wat u gekies het.

A9. Sou u rekening oorhandig word vir invordering, sal rente van 2% per maand gehef word op alle agterstallige bedrae. Alle koste verbonde aan die invordering sal van u verhaal word teen prokereur en kliënt skaal.

Ek het bostaande gelees, begryp en aanvaar die voorwaardes soos uiteengesit. Ek verklaar dat ek by my volle verstand is ten tye van ondertekening en dat ek dit uit vrye wil doen. Hiermee gee ek toestemming vir narkose vir myself.

GETEKEN: DATUM:

PATIENT:

A1. I understand that no one can guarantee an incident free anaesthetic.

A2. I understand that the theatre staff and equipment are supplied by the hospital. Anaesthetic equipment is checked on a daily basis.

A3. I agree not to drink alcohol, drive a car, or operate any dangerous equipment, make important decisions or conclude agreements for 24 hours after recovering from anaesthesia.

A4. I agree to allow my personal data to be forwarded to the relevant organisations as required by law and to allow anonymous data of a clinical and practice management nature, to be collected to help to improve the patients healthcare experience.

I have read, understood and agree to the conditions mentioned above. I declare that I am of sound mind at the time of signing this agreement and that I am not under duress. I hereby give permission for anaesthesia on myself.

SIGNED: DATE:

PAYMENT:

A5. Your Anaesthetic account is rendered completely independently from the accounts rendered by the hospital and the surgeon.

A6. The make up of the cost estimate for the anaesthetic service has been discussed with me:

A7. The cost estimate as set out in section C is time-based and may change as a result of unforeseen circumstances and unexpected complications.

A8. You are personally responsible for payment and not your medical scheme. Your medical scheme may not cover the full amount on your account, depending on the medical scheme and the plan option which you have chosen.

A9. Should your account be handed over for collection, interest will be charged at 2% per month on all outstanding amounts. All costs incurred to collect the arrears will be for your account on attorney and client scale.

I have read, understood and agree to the conditions mentioned above. I declare that I am of sound mind at the time of signing this agreement and that I am not under duress. I hereby give permission for anaesthesia on myself.

SIGNED: DATE:

B

PASIENT VAN : / PATIENT SURNAME : GEB.DATUM: / BIRTH DATE:

VOLLE VOORNAME : / FIRST NAMES :

C PERSON RESPONSIBLE FOR ACCOUNT/MAIN MEMBER

MEDIESEFONDS : / MED FUND : OPSIE: / OPTION: NOMMER : / NUMBER :

MAGTIGINGS No : / AUTHORIZATION No : GAPINGDEKKING: / GAP COVER:

VAN : / SURNAME : TITEL: / TITLE: VOORLETTERS : / INITIALS :

POSADRES : / POSTAL ADDRESS : POS KODE : / POSTAL CODE :

I.D. No : SEL: / CEL:

TEL HUIS : / TEL HOME : TEL WERK : / TEL WORK : FAKS : / FAX :

WOONADRES : / RES. ADDRESS : WERKGEWER : / EMPLOYER :

ADRES : / ADDRESS :

FAMILIE/VRIEND: / FAMILY/FRIEND: epos: / email:

TEL: KOSTE BERAMING: / COST ESTIMATE:

FOR MORE INFORMATION VISIT WWW.SASAWEB.COM

Dr. No

Anaesthesiologist No

HOSPITAAL : VR DATUM:

CHIRURG :

PROSEDURE :

NARKOSETYD : VAN : TOT : MIN

0173	0145	0146
0147	0151	
KODE :		
	ICD 10	
ASA	0039	MIN
543	0011	MIN

0109	544
0026	1204
0032	1215
0034	1218
0038	1220
0042	1221
0043	1780
0044	2800
0019	2801
0018	2802
	2804
	5103

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AMPTELIK OFFICIAL

PLAK HOSPITAAL PLAKKER HIER
PASTE HOSPITAL STICKER HERE

Anaesthesia Record

SA Society of Anaesthesiologists
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Date	Height(cm)	Pre-operative airway assessment Mouth opening: Neck extension:	
ASA / Age	Weight(kg)	Fasting Teeth	

CVS

Resp

Other

☐ Sedation
☐ Regional
☐ General
- ☐ Pre-oxygenation
- ☐ Endotracheal tube size:_____
- ☐ DLT R L Size ____
  Intubation Grade_____
  - ☐ Non-traumatic
  - ☐ Air entry right - left
  - ☐ Rapid sequence induction with cricoid pressure
- ☐ Face mask
- ☐ Laryngeal mask size:

☐ Circle circuit
☐ Bain circuit

☐ Spontaneous breathing
☐ Mechanical ventilation
tidal volume _____ mL
rate: /minute

☐ Eyes taped shut
☐ Pressure points padded
☐ Warmer
☐ Calf Compressors

Intravenous Lines
① size____ site _____
② size____ site _____

Monitor
- ☐ ECG
- ☐ BP
- ☐ SaO_2
- ☐ Central venous line size: _____ site: _____
- ☐ Arterial line size: ____ site: _____
- ☐ Peripheral nerve simulator
- ☐ Temperature
- ☐ TOE
- ☐ _____

☐ Machine check OK

CPB on / CPB off AXC on / AXC off

Agent	Dose
Vapour(%)	
oxygen/nitrous/Air	

Time:

Position:

200 180 160 140 120 100 80 60 40

Heart rate (HR) ●
Blood pressure
Systolic V
Diastolic Λ

O_2 saturation(SaO_2)
End tidal CO_2($ETCO_2$)

Fluids

Infusions:

Urine (mL)
Blood loss (mL)
Temperature (°C)
CVP

Events:

Input:
Output:

Post-Anaesthetic Care Unit	HR:	BP:	RR:	SaO_2:	FIO_2:
Start time:	End time:	Anaesthetist			

D HAS THE PATIENT HAD THE FOLLOWING / HET DIE PASIËNT DIE VOLGENDE GEHAD

	YES	NO	DETAILS / BESONDERHEDE
Previous anaesthetics (when, which operation) Vorige narkose (wanneer, watter operasie)			
Problems with previous anaesthetics (details) Probleme met vorige narkose (besonderhede)			
Any family member with anaesthetic problems (what?) Enige familielid met narkose probleme (wat?)			
Porphyria, malignant hyperthermia or scoline apnoea Porfirie, maligne hipertermie of scoline apnee			Weight: Gewig: Kg / Height: Lengte: M
Allergy / unusual reaction to medicines (which?) Allergie / vreemde reaksie op medisyne (watter?)			
Names of all medication, pills, herbal medicine Name van alle medikasie, pille, kruie medisyne			
Cortisone treatment in the past 12 months Kortisoonbehandeling in die afgelope 12 maande			
High blood pressure Hoë bloeddruk			
Heart diseases (eg. Chest pain, heart attack, rheumatic fever) Hartsiekte (bv. Borspyn, hartaanval, rumatiekkoors)			
Previous thrombosis / embolism (legs/lungs?) Vorige trombose / embolisme (bene/longe?)			
What exercise do you do? Watter oefening doen u?			
Asthma, bronchitis or emphysema Asma, brongitis of emfiseem			
Recent cold, cough or flu Onlangs verkoue, hoes of griep			
Heavy snoring / problems sleeping Snork / slaapstoornisse			
Diabetes or thyroid problems Suikersiekte of skildklier problem			
Jaundice or hepatitis (If so, when?) Geelsug of hepatitis (indien wel, wanneer?)			
Kidney or bladder disease Nier- of blaassiekte			
Muscle weakness or stroke Spierswakheid of beroerte			
Tendency to bleed or bruise Bloei of kneus maklik			
Epileptic convulsions or blackout of any sort Epileptiese aanvalle of floutes van enige soort			
Are you pregnant/breastfeeding? Is u swanger of borsvoed u tans?			
False, loose or crowned teeth (if so, where?) Vals, los of gekroonde tande (indien wel, waar?)			
Alcohol consumption per week Alkohol verbruik per week			
Do you smoke? (if so, how many per day?) Rook u? (indien wel, hoeveel per dag?)			
Do you get heartburn / reflux Kry u sooibrand – refluks			When did you last eat or drink? Time Wanneer laas het u geeet of gedrink:Tyd
Is there anything else your anaesthetist should know? Is daar enigiets anders wat u anestesioloog behoort te weet?			