

OUTPATIENT ANESTHESIA
Health History

NAME OF PATIENT: _____

DATE OF BIRTH: _____ AGE: _____ GENDER: M F HEIGHT: _____ WEIGHT: _____

1. Are you allergic to any medications (prescription or over the counter)? Yes No If yes, please list.

2. Are you taking any medications? Yes No

If yes, please list, and include over the counter, such as aspirin, antihistamines, and herbal supplements.

3. Do you smoke? Yes No If yes, how many packs per day? _____ For how long? _____

4. Do you drink alcohol? Yes No If yes, how much? _____

5. Do you now, or have you ever used recreational drugs? Yes No

If yes, what type of substances and when was the last time?

6. Do you use or have you ever used hormones or steroids? Yes No If yes, what and when?

7. Do you wear contact lens? Yes No (If yes, do not wear them the day of your surgery.)

8. Do you have a history of any of the following?

Asthma	Yes	No	Seizures	Yes	No
Thyroid Problems	Yes	No	Fainting Spells	Yes	No
Diabetes	Yes	No	Hiatal Hernia	Yes	No
Liver Problems	Yes	No	Ulcers	Yes	No
Anemia	Yes	No	Kidney Problems	Yes	No
Bleeding Problems	Yes	No	Arthritis	Yes	No
Rheumatic Fever	Yes	No	Cancer	Yes	No
High Blood Pressure	Yes	No	Bronchitis	Yes	No
Heart Problems	Yes	No	Glaucoma	Yes	No

9. Have you ever had any surgery? If so, please explain.

10. Have you or any of your immediate family had any problems with anesthesia? If so, please explain.

11. For females, is there a chance you might be pregnant? _____

Date of last menstrual period: _____

12. Are you under the care of a physician? If so, please list name and address of provider.

13. How would you describe your present health? Excellent Good Fair

14. Have you ever had a blood transfusion? Yes No

15. Do you have any dentures, partial plates or capped teeth? Yes No

16. Are you bothered by motion sickness? Yes No If yes, what type?

I hereby state the above information is true and correct to the best of my ability.

Signed patient or guardian (if the patient is a minor)

Date

Joseph J. Pelkofski
16 Royal Street, S.E.
Leesburg, Virginia 20175
Telephone: (703) 777-5200

**OUTPATIENT ANESTHESIA
IMPORTANT INFORMATION – PLEASE READ**

For your comfort and safety, your surgeon has requested a Certified Registered Nurse Anesthetist to be with you during your surgery to administer the necessary medications and monitor your vital signs. The anesthetist will meet and examine you prior to surgery, establish that you have not had ANYTHING to eat or drink for 8 hours, review your medical history, and ask you questions about your medical health. The anesthetist will also answer any questions you may have.

In the operating suite there are generally two types of anesthesia which may be utilized. They are as follows:

1. Local anesthesia with IV sedation / anesthesia – This is the most common anesthesia in the office operating suite, and can be related to “twilight” sleep, where you are given a combination of medications which will make you very comfortable and generally unaware of what is happening. For example, patients are usually able to respond if spoken to, but will be asleep during the procedure.
2. Complete full General anesthesia – In this instance, patients will be completely asleep, and in some cases where it is necessary to change the position of the patient, it will be necessary to place a breathing tube in the airway (windpipe) to control respirations (usually done in hospital operating room).

In each case, the anesthetist will closely and continuously monitor the heart rate, blood pressure, oxygenation and respirations, and electrocardiogram along with any changes in temperature.

The anesthetist will remain with you throughout the procedure. After a suitable period of time, depending on the individual, you will be allowed to leave in the company of a responsible adult. You will probably be sleepy and find that you will sleep for several hours after you return home. It is vitally important that you arrange to have someone with you for 24 hours after your surgery to help you to and from the bathroom, prepare liquids or soft foods for you to eat, assist with ice packs if ordered, and make sure you take your medications as they have been prescribed. You should not undertake any responsible activity, make any important decisions, drive a car, or be responsible for child care for a minimum of 24 hours after your surgery.

You may experience some mild nausea, sore throat, redness or bruising at the intravenous site, and a generalized feeling of being “washed out” for several days. Persistent or severe nausea and vomiting, bleeding, or severe swelling should be reported to the doctor immediately.

You should understand that there is always a slight risk when you undergo any surgery and anesthesia, and results cannot be guaranteed. If you have any further questions before the anesthetist meets with you, please do not hesitate to call our office.

I certify that I have read and understand the above information.

Signed: _____ Date: _____

Witness: _____

**Statement of Consent for Oral Surgery Procedures and Anesthesia
for all patients as recommended by the
American Association of Oral and Maxillofacial Surgeons
and modeled from their Informed Consent publication.**

This is my consent for Dr. Pelkofski and those persons who are helping him to perform the following for:

(Print Patient's Name)

I understand that the purpose of this is to help to treat and possibly correct my mouth or face problems and that without treatment the condition may persist or worsen in time. Of course, I also may elect at any time **NOT** to treat my condition.

Any treatment may involve potential risks (some of which are: post-operative discomfort, swelling, and jaw soreness or jaw joint stiffness and discomfort; bruising, bleeding; infection; movement of teeth or restorations; breakage or loss of restorations, teeth, or bone support; numbness, partial numbness, or some other altered feeling to the areas of the lips, chin, gum, cheek, tongue or teeth that may persist permanently; openings into the nose or sinus; or even other serious bodily injury or loss of life or limb.) If any unforeseen conditions should arise in the course of the operation, calling for the doctor's judgment or for procedures in addition to or different from those now contemplated, I request and authorize the doctor to do whatever may be deemed advisable.

For female patients using birth control pills: I understand that some antibiotics may decrease the effectiveness of "the pill" - therefore, I shall employ additional measures to avoid pregnancy.

I understand that the medications, agents, and procedures are used to try to help me with the improvement or correction of my condition and that no guarantee for success has been made, and that I shall comply with directions, instructions, and recommendations that are given to me to try to help me realizing that my failure to do so may result in less improvement or no correction.

I understand that the medications used for the procedure or agents I may use as recommended or prescribed for use after the procedure may cause drowsiness; lack of awareness or coordination; or other side effects; and I agree that I will not operate a motor vehicle, machinery, or engage in any activity while under the influence and recovering that may cause injury to occur to myself or to others. In addition, alternative supervision arrangements must be made for children or other dependent persons who are normally cared for by me.

For sedation or general anesthesia procedures I understand and agree that I will have **NOTHING** to drink or eat for eight hours before my procedure, and I shall have a responsible adult act as my escort and driver.

I have asked the questions that I wanted answered, and after discussing them with Dr. Pelkofski, I understand the planned procedure, the alternatives, goals, and possible complications, and I give my permission.

(Signature of patient, parent or guardian)

Date

Doctor

Witness

Joseph J. Pelkofski, D.M.D.
16 Royal Street, S.E.
Leesburg, Virginia 20175
Telephone: (703) 777-5200

OUTPATIENT ANESTHESIA

PATIENT INFORMATION

Your decision to have surgery as an outpatient reflect the trend taken by the leaders in the health care field. We are working to establish the safest, most cost effective anesthesia service for you. A highly skilled and qualified Certified Registered Nurse Anesthetist (CRNA) will manage your anesthesia needs.

Enclosed is some pertinent information regarding the anesthesia for your surgery. Please read it carefully and follow your surgeon's instructions. **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT** the day prior to your surgery except for a small sip of water for medications your doctor may order.

Our office will see you for a pre-operative appointment prior to your scheduled surgery. Please read, review, sign, and return these forms to the pre-operative appointment. Do not hesitate to call the office if you have any questions regarding your care.

FINANCIAL INFORMATION

The anesthesia fee is a SEPARATE charge from the surgery fee. Unless other arrangements have been made with our office, full payment for the anesthesia must be received one week prior to your surgery.

The Anesthesia Fee for your surgery is estimated to be \$ _____.

Please submit a check to the doctor's office payable to:
DR. JOSEPH PELKOFSKI for ANESTHESIA SERVICES.

ANESTHESIA AND PATIENT RESPONSIBILITY

This information on anesthesia safety and patient responsibility is taken from the pamphlet on Anesthesia Safety by the American Association of Nurse Anesthetists (AANA). It represents the first step in an important information process that will result in the best possible anesthesia care for you.

Certified Registered Nurse Anesthetists (CRNAs) are specialists in providing anesthesia care throughout surgery. The CRNA has been a vital member of the surgical team for more than a century. CRNAs are responsible for anesthesia care in more than half of the successful anesthetics administered each year.

ANESTHESIA IS FREEDOM FROM PAIN AND A VERY IMPORTANT PART OF YOUR SURGERY

The type of anesthesia to be used is based on your physical condition, type of surgery, previous anesthesia history, reactions to medications and the information provided during the pre-operative interview. Your anesthetist and surgeon will consult with you on their decision and discuss the process prior to surgery.

THE PRE-OPERATIVE INTERVIEW IS ESSENTIAL TO A SUCCESSFUL ANESTHETIC EXPERIENCE

It provides the anesthetist with vital information that is kept confidential. In order to administer accurate dosages of drugs and chemicals, your anesthetist must know the following:

- All prescription and non-prescription medications and any herbal or other supplements used.
- The use of alcohol, either occasionally or on a regular basis.
- The use of marijuana or other recreational drugs.
- Personal experience with previous anesthetics and/or anesthetic reactions of family members.
- Personal diet, exercise, and smoking habits.
- Allergic reactions to foods or drugs.

PATIENT RESPONSIBILITY BEGINS WITH COMPLETE PRE-OPERATIVE COOPERATION WITH YOUR ANESTHETIST AND SURGEON

The following have been identified as areas in which patients should be completely frank to ensure anesthesia safety:

- Alcohol use can be serious, especially if it is not revealed. Withdrawal symptoms might develop while you are under anesthesia. This is more likely to occur with an individual who attempts to hide a drinking problem. If the anesthetist is aware of alcoholic consumption prior to surgery, steps can be taken to manage any problems which could develop.
- Over the counter medications, such as aspirins, cough medicine, and herbal supplements, as well as "street drugs" can affect anesthetic reactions. The use of all drugs must be identified to prevent potentially dangerous drug mixtures in combination with your anesthesia.
- Dieting and obesity affect your heart, liver, and kidney functions, all of which are necessary to eliminate the anesthetic from your body. Excessive weight gain or weight loss are added risk factors due to the stress they put on the body. Please inform us about the use of weight loss / weight gain / body building, etc. supplements.
- Complex physical changes of older patients greatly affect the body's response to anesthesia. Assist the anesthetist by providing a detailed list of all prescription and over the counter medications, including aspirin taken regularly. Family members should help prepare the list for older patients if necessary.
- Patients with heredity disorders need special attention. These conditions can be properly managed if the anesthetist knows about them prior to surgery. For example, diabetes and sickle cell anemia are among the common hereditary diseases.

FURTHER CONSIDERATIONS OF PATIENT RESPONSIBILITY INCLUDE THE FOLLOWING SPECIAL AREAS:

Children should be psychologically prepared for surgery. Parents should make frequent reference to things children will enjoy after surgery, with comments such as "When you come home . . ." Cooperation in providing medical history is equally important for children. Parents should be knowledgeable about immunizations, allergies, height, weight, and general physical conditions. Pre-surgical advice must be followed.

Outpatient surgery allows you to go home the day of surgery. However, it is equally important to provide the same accurate information during the pre-operative interview just as if you were in the hospital. Following surgery, outpatients **MUST** be accompanied by a responsible adult who will provide immediate care at home. This person should watch for signs such as nausea or vomiting for 24 hours after surgery. Outpatients should not drive a car, operate machinery, drink alcoholic beverages, or take medication such as sleeping pills or tranquilizers without their doctor's knowledge. Such drugs may interact negatively with anesthetic drugs in the body. Do not sign contracts or enter into negotiations for 24 hours. You **MUST** also arrange for child care.

OPEN COMMUNICATION BETWEEN YOU AND THE MEMBERS OF YOUR SURGICAL TEAM IS THE KEY TO A SUCCESSFUL ANESTHETIC EXPERIENCE.

We hope that this material has helped you to learn about the anesthetic process. We encourage you to talk openly with your anesthetist. Feel free to ask questions. And, most importantly, provide all necessary pre-operative information. Remember that informed patients who communicate with their surgeon and anesthetist help ensure a safe course during surgery.

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PRE-OPERATIVE INSTRUCTIONS

You have been scheduled to receive anesthesia or intravenous sedation for your surgery procedure. It is important that you follow these instructions carefully prior to your procedure.

1. Do not eat or drink anything within eight hours of the time of your procedure.
2. Wear loose, comfortable clothing. (Nothing tight fitting and no turtlenecks)
3. Remove any removable dental work prior to your procedure and bring it with you.
4. Do not wear makeup or jewelry. Do not wear contact lenses.
5. Make sure you have completed the **OUTPATIENT ANESTHESIA HEALTH HISTORY** and bring it with you to your pre-operative visit scheduled prior to surgery.
6. Have a responsible adult drive you to the office, **WAIT** while you have your surgery, and drive you home and **STAY** with you. **YOU WILL NOT BE PERMITTED TO DRIVE YOURSELF.**
7. Arrange for someone to care for your children for you.
8. If you are on prescription medications, you should take them as ordered by Dr. Pelkofski with a **small sip of water** the day of your procedure.
9. Follow your doctor's instructions explicitly to avoid inconvenient and costly delays.
10. It is imperative that you arrive at our office at the time you are told in order to adequately prepare you for your procedure.

POST OPERATIVE INSTRUCTIONS AND INFORMATION

1. Do not drive or perform any responsible functions for at least 24 hours after your surgery and anesthesia.
2. Drink fluids or eat a light, bland meal after your procedure until you are feeling completely recovered.
3. Only use medications as ordered by your doctor. Avoid aspirin containing products.
4. Resume taking your prescription medications as instructed by your doctor.
5. Slight nausea and/or vomiting is not unusual. Contact your doctor if nausea and vomiting is severe or lasts more than 12 hours.
6. It is not unusual to feel sleepy and tired after you have received intravenous anesthesia medications. This feeling may persist for 24 –48 hours after your procedure. Do not drive or operate machinery or attempt to work if you feel this way.
7. Have a responsible adult STAY with you until you have recovered (usually 24 –48 hours). Arrange for child care.
8. Contact your doctor about any excessive bleeding and/or swelling, or if you have any questions.