

ANAESTHESIA FORM

SA Society of Anaesthesiologists
www.sasaweb.com

NARKOSEVORM

LEES ASSEBLIEF AFDELINGS A, B, C, & D, VUL GEGEWENS IN, TEKEN ONDER EN OORHANDIG AAN DIE ANESTESIOLOG.
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 ANESTESIOLOG 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 teateroerusting en personeel deur die hospitaal 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 gebaseer 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 rekening 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 prokureur 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	HOSPITAAL :	VR	DATUM:
	CHIRURG :	0173 0145 0146 0147 0151	KODE :
	PROSEDURE :	ICD 10	ASA 0039 MIN 543 0011 MIN
	NARKOSETYD : VAN : TOT : 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



Date		Height(cm)	Pre-operative airway assessment	
ASA		Age	Mouth opening:	Neck extension:
		Weight(kg)	Fasting	Teeth
CVS				
Resp				
Other				

<input type="checkbox"/> Sedation <input type="checkbox"/> Regional <input type="checkbox"/> General <input type="checkbox"/> Pre-oxygenation <input type="checkbox"/> Endotracheal tube size: _____ <input type="checkbox"/> DLT R L Size _____ Intubation Grade _____ <input type="checkbox"/> Non-traumatic <input type="checkbox"/> Air entry right - left <input type="checkbox"/> Rapid sequence induction with cricoid pressure <input type="checkbox"/> Face mask <input type="checkbox"/> Laryngeal mask size: _____ <input type="checkbox"/> Circle circuit <input type="checkbox"/> Bain circuit <input type="checkbox"/> Spontaneous breathing <input type="checkbox"/> Mechanical ventilation tidal volume _____ mL rate: _____ /minute <input type="checkbox"/> Eyes taped shut <input type="checkbox"/> Pressure points padded <input type="checkbox"/> Warmer <input type="checkbox"/> Calf Compressors Intravenous Lines <input type="checkbox"/> size _____ site _____ <input type="checkbox"/> size _____ site _____	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 A O ₂ saturation(SaO ₂) End tidal CO ₂ (ETCO ₂) Fluids Infusions: Urine (mL) Blood loss (mL) Temperature (°C) CVP Events:					
<input type="checkbox"/> Machine check OK CPB on AXC on CPB off AXC off						

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)	<input type="checkbox"/>	
Problems with previous anaesthetics (details) Probleme met vorige narkose (besonderhede)	<input type="checkbox"/>	<input type="checkbox"/>	
Any family member with anaesthetic problems (what?) Enige familielid met narkose probleme (wat?)	<input type="checkbox"/>	<input type="checkbox"/>	
Porphyria, malignant hyperthermia or scoline apnoea Porfirie, maligne hipertermie of scoline apnee	<input type="checkbox"/>	<input type="checkbox"/>	Weight: _____ Kg Height: _____ M
Allergy / unusual reaction to medicines (which?) Allergie / vreemde reaksie op medisyne (watter?)	<input type="checkbox"/>	<input type="checkbox"/>	
Names of all medication, pills, herbal medicine Name van alle medikasie, pille, kruie medisyne	<input type="checkbox"/>	<input type="checkbox"/>	
Cortisone treatment in the past 12 months Kortisoonbehandeling in die afgelope 12 maande	<input type="checkbox"/>	<input type="checkbox"/>	
High blood pressure Hoë bloeddruk	<input type="checkbox"/>	<input type="checkbox"/>	
Heart diseases (eg. Chest pain, heart attack, rheumatic fever) Hartsiekte (bv. Borspyn, hartaanval, rumatiekkoors)	<input type="checkbox"/>	<input type="checkbox"/>	
Previous thrombosis / embolism (legs/lungs?) Vorige trombose / embolisme (bene/longe?)	<input type="checkbox"/>	<input type="checkbox"/>	
What exercise do you do? Watter oefening doen u?	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma, bronchitis or emphysema Asma, brongitis of emfiseem	<input type="checkbox"/>	<input type="checkbox"/>	
Recent cold, cough or flu Onlangs verkoue, hoes of griep	<input type="checkbox"/>	<input type="checkbox"/>	
Heavy snoring / problems sleeping Snork / slaapstoomisse	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes or thyroid problems Suikersiekte of skildklier probleem	<input type="checkbox"/>	<input type="checkbox"/>	
Jaundice or hepatitis (If so, when?) Geelsug of hepatitis (indien wel, wanneer?)	<input type="checkbox"/>	<input type="checkbox"/>	
Kidney or bladder disease Nier- of blaassiekte	<input type="checkbox"/>	<input type="checkbox"/>	
Muscle weakness or stroke Spierswakheid of beroerte	<input type="checkbox"/>	<input type="checkbox"/>	
Tendency to bleed or bruise Bloeï of kneus maklik	<input type="checkbox"/>	<input type="checkbox"/>	
Epileptic convulsions or blackout of any sort Epileptiese aanvalle of floutes van enige soort	<input type="checkbox"/>	<input type="checkbox"/>	
Are you pregnant/breastfeeding? Is u swanger of borsvoed u tans?	<input type="checkbox"/>	<input type="checkbox"/>	
False, loose or crowned teeth (if so, where?) Vals, los of gekroonde tande (indien wel, waar?)	<input type="checkbox"/>	<input type="checkbox"/>	
Alcohol consumption per week Alkohol verbruik per week	<input type="checkbox"/>	<input type="checkbox"/>	
Do you smoke? (if so, how many per day?) Rook u? (indien wel, hoeveel per dag?)	<input type="checkbox"/>	<input type="checkbox"/>	
Do you get heartburn / reflux Kry u soibroand – refluks	<input type="checkbox"/>	<input type="checkbox"/>	When did you last eat or drink? Time Wanneer laas het u geet of gedrink: Tyd
Is there anything else your anaesthetist should know? Is daar enigiets anders wat u anesthesioloog behoort te weet?	<input type="checkbox"/>	<input type="checkbox"/>	