



ANAESTHESIA FORM

NARKOSEVORM

LEES ASSEBLIEF AFDELINGS A, B, C, & D, VUL GEGEWENS IN, TEKEN ONDER EN OORHANDIG AAN DIE NARKOTISEUR.

L.W. AFDELING C MOET INGEVUL WORD DEUR DIE REKENINGPLIGTIGE

N.B. SECTION C. MUST BE COMPLETED BY THE PERSON RESPONSIBLE FOR THE ACCOUNT.

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

PASIËNT:

- A1. Ek begryp dat 'n insidentvrye narkose nie gewaarborg kan word nie.
- A2. Ek begryp dat teatertoerusting en personeel deur die hospitaal verskaf word. Narkosetoerusting word daaglik getoets.
- A3. Ek onderneem om nie alkohol te gebruik, 'n motorvoertuig te bestuur, sosiale media te gebruik, om die alleen-verantwoordelike te wees vir 'n babu of minderjarige kind, enige gevaarlike toerusting te hanteer, belangrike besluite te neem of dokumente te teken vir 'n tydperk van 24 uur nadat narkose begedien 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.
- A5. Ek stem toe tot die verwerking van my persoonlike en gesondheidsinligting ten einde behoorlike behandeling aan my te verskaf, en/of vir administratiewe doeleindes deur die betrokke inrigting of professionele praktyk. Hierdie toestemming betrek ook die verantwoordelike partye wat optree as diensverskaffers aan die inrigting of professionele praktyk.
- A6. In die geval van enige eis, klagte of grief, sal ek voordat ek enige regsaksie neem, gebruik maak van 'n gratis en konfidensiële premiediasievorgadering met 'n geakkrediteerde bemiddelaar aangewys deur South African Society of Anaesthesiologists (SASA).
- A7. U narkose rekening is totaal onafhanklik van enige ander rekening wat deur die hospitaal of chirurg uitgereik word.
- A8. Die koste (beraming) vir die narkose is met my bespreek.
- A9. Die koste (beraming) vir die narkose is gebaseer op hoe lank die prosedure sal duur, en mag verander weens onvoorziene omstandighede of onverwagte komplikasies.
- A10. U is persoonlik verantwoordelik vir betaling van u rekening en nie u mediese fonds nie. U mediese fonds mag daik nie die hele bedrag dek nie, afhangend van die mediese fonds en die plan opsie wat u gekies het.
- A11. Sou u rekening oorhandig word vir invordering, sal rente van 2% per maand gehêf word op alle agterstallige bedrae. Alle koste verbonde aan die invordering sal van u verhaal word teen prokureur en klênte skaal.

Ek het bostaande gelees, begryp en aanvaar die voorwaardes soos uiteengeset.
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 of my afhanklike.

GETEKEN:

DATUM:

PASIENT:

- 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, utilise social media, be responsible as a sole care provider for infants/small children, 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 clinical and practice management nature, to be collected to help to improve the patients healthcare experience.
- A5. I agree to the processing of my health and personal information in order to provide me with proper treatment, care and/or for the administration of the institution or professional practice concerned. This consent would extend to responsible parties acting as service providers to the institution or professional practice concerned.
- A6. In the event of any claim, complaint or grievance, I shall prior to taking any legal action, promptly initiate a free and confidential pre-mediation meeting with an accredited mediator appointed by South African Society of Anaesthesiologists (SASA).
- A7. Your anaesthetic account is rendered completely independently from the accounts rendered by the hospital and the surgeon.
- A8. The make up of the cost estimate for the anaesthetic service has been discussed with me.
- A9. The cost estimate as set out in section C is time-based and may change as a result of unforeseen circumstances and unexpected complications.
- A10. 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.
- A11. 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 or my dependant.

SIGNED:

DATE:

PASIENT VAN:
PATIENT SURNAME:

B VOLLE VOORNAME:
FIRST NAMES:

C PERSON RESPONSIBLE FOR ACCOUNT/MAIN MEMBER

MEDIESEFONDS:
MED FUND:

MAGTIGINGS No:
AUTHORIZATION No:

VAN:
SURNAME:

POSADRES:
POSTAL ADDRESS:

I.D. No:

TEL HUIS:
TEL HOME:

WOONADRES:
RES. ADDRESS:

FAMILIE/VRIEND:
FAMILY/FRIEND:

WERKGEWER:
EMPLOYER:

ADRES:
ADDRESS:

epos:
email:

KOSTE BERAMING:
COST ESTIMATE:

FOR MORE INFORMATION VISIT WWW.SASAWEB.COM

HOSPITAAL:

CHIRURG:

PROSEDURE:

NARKOSETYD: VAN:

TOT:

MIN

ASA

0039

MIN

543

0011

MIN

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

0146

0147

0151

0173

0145

Date		Height(cm)		Pre-operative airway assessment	
ASA		Age		Mouth opening: Neck extension: Teeth	
Weight(kg)		Fasting			
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 @size _____ site _____ ☐ @size _____ site _____		Agent		Dose	
Vapour(%)		oxygen/nitrous/Air			
Position:		Time:			
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:		Output:	
Machine check OK		CPB on		AXC off	
ECG		BP		SaO ₂	
Central venous line		size: _____		Arterial line size: _____	
Peripheral nerve stimulator		Temperature		TOE	
Start time: _____		End time: _____		BP: _____	
Post-Anaesthetic Care Unit		HR: _____		RR: _____	
FIO ₂ : _____		SaO ₂ : _____		FIO ₂ : _____	
Anaesthetist					

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?)	
Porphyrria, malignant hyperthermia or scolone apnoea	
Porfirie, maligne hipertermie of scolone apnee	
Allergy / unusual reaction to medicines (which?)	
Allergie / vreemde reaksie op medisyne (watter?)	
Names of all medication, pills, herbal medicine	
Name van alle medikasie, pille, kruid medisyne	
Cortisone treatment in the past 12 months	
Kortisonbehandeling in die afgelope 12 maande	
High blood pressure	
Hoë bloeddruk	
Heart diseases (eg. Chest pain, heart attack, rheumatic fever)	
Hart siekte (bv. Borskaspy, hartaanval, rumatiekkoors)	
Previous thrombosis / embolism (legs/lungs?)	
Vorige trombose / embolisme (bene/lange?)	
What exercise do you do?	
Watter oefening doen u?	
Asthma, bronchitis or emphysema	
Asma, bronchitis 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 probleem	
Jaundice or hepatitis (if so, when?)	
Geelug of hepatitis (indien wel, wanneer?)	
Kidney or bladder disease	
Nier- of blaassiekte	
Muscle weakness or stroke	
Spierwaktheid of beroerte	
Tendency to bleed or bruise	
Bloei of kneus maklik	
Epileptic convulsions or blackout of any sort	
Epileptiese aanvalle of flouies 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 gebruik per week	
Do you smoke or use an E-cigarette? (if so, how many per day?)	
Roek u, of maak u gebruik van 'n E-sigareet? (hoeveel per dag?)	
Do you get heartburn / reflux	
Kry u soolbrand - reflux	
Is there anything else your anaesthetist should know?	
Is daar enigiets anders wat u narkotiseur behoort te weet?	
When did you last eat or drink? Time	
Wanneer laas het u geëet of gedrink? Tyd	

Weight: Kg Height: Lengte: M