CHILD Preoperative Questionnaire

The staff of Parkway Surgery Center is pleased that you have decided to have your surgery at our facility. In order to provide care that is safe and minimizes the potential for problems, we need to have the following information about the child's health history. Please answer each question as accurately and completely as possible. One of our Registered Nurses will be contacting you soon to verify the information and answer any questions you might have. **If you do not know the answer to a question, leave it blank. One of our nurses or an anesthesiologist will discuss it with you.**

Pt Name ____Birth Date _________ Ht: ___ft ___in Wt. _____lb

Yes	No	
		Has the child ever had any problems with any previous anesthesia? ☐ Fever ☐ Nausea & Vomiting ☐ Slow to awaken ☐ Other
		Have blood relatives ever had any sort of problems or difficulties with drugs used for anesthesia? ☐ nausea ☐ vomiting ☐ slow to awaken
		Is there a family history of malignant hyperthermia (severe high fever triggered by anesthesia drugs)? History of atypical psuedocholinesterase? If yes what is relationship to patient: ____________________. Nature of reaction:
		Is child under care of physician? Explain:
		Has the child ever been hospitalized? Explain:
		Has the child ever had surgery? Explain:
		Has the child traveled outside of the U.S. in the last 21 days? If yes, where? ___________________________
		Has the child had any history of OR difficulty with any of the following? ☐ AIDS/HIV ☐ Cerebral Palsy ☐ Epilepsy ☐ Hepatitis ☐ Mumps ☐ Anemia ☐ Chicken Pox ☐ Fainting ☐ Kidney Disease ☐ Rheumatic Fever ☐ Asthma/Respiratory ☐ Convulsions ☐ Frequent Headaches ☐ Learning Problems ☐ Seizures ☐ Behavioral problems ☐ Diabetes ☐ Hearing problems ☐ Liver disease ☐ Sinus problems ☐ Bladder problems ☐ Dizziness ☐ Heart problems ☐ Measles ☐ Thyroid disease ☐ Drug/Alcohol abuse ☐ Cancer ☐ Heart murmur ☐ Mononucleosis ☐ Other
		Any history of, or currently have, MRSA/VRE infection? or CDIFF(active)? If yes, has the child a culture obtained in the last 30 days? Were they ☐ negative ☐ positive ☐ unknown
		Is the child currently taking any medications? Please list them: ________________________ ________________________ ________________________ ________________________ ________________________ ________________________
		Does the child have any allergies? Please list them: ________________________ ________________________ ________________________ ________________________

The information provided above is correct and complete

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☐ **Parent / Legal Guardian**

Reviewed by:____

Revised 11-9-16