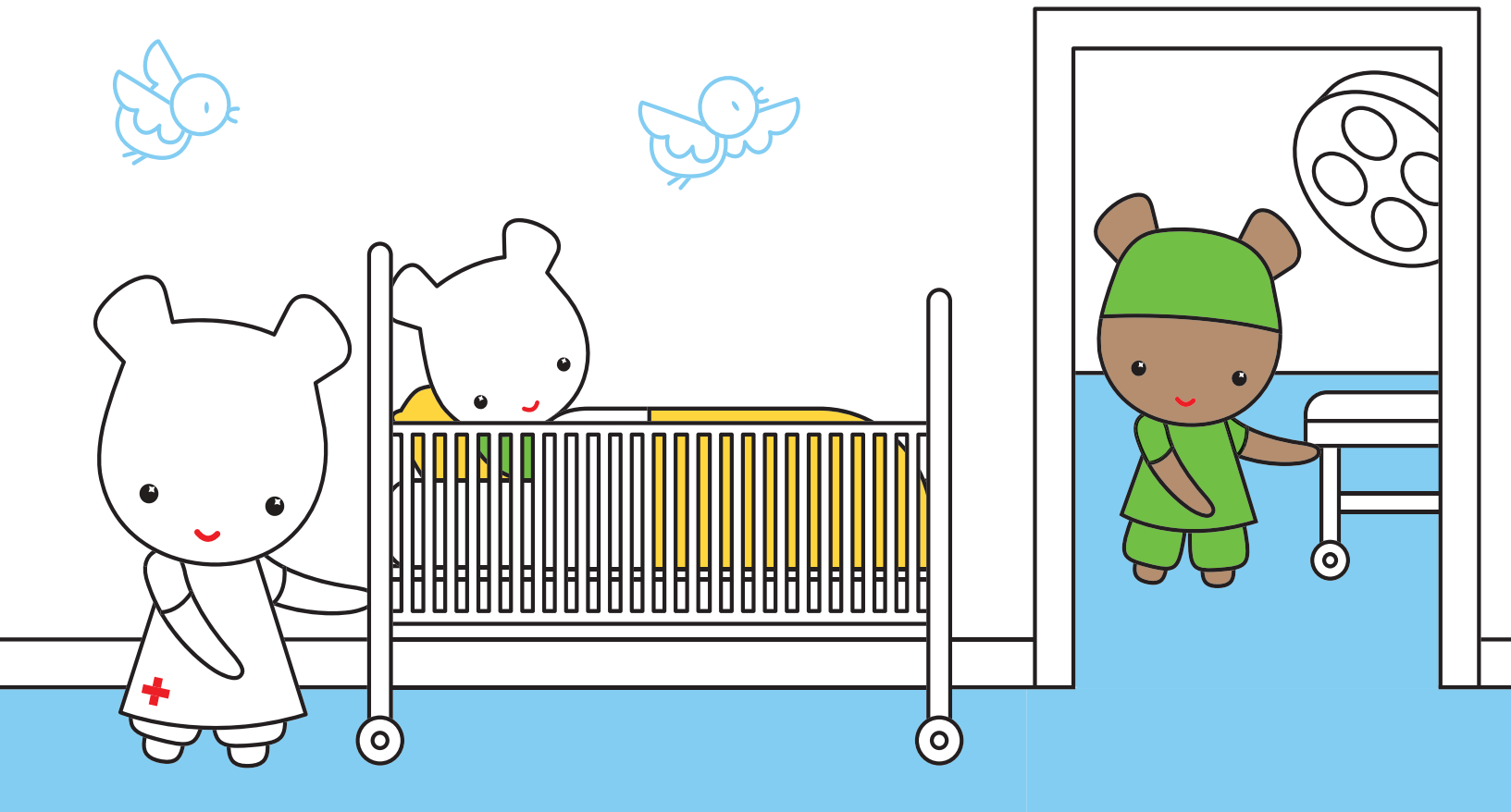


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PATIENTS BOOKLET FOR CHILDREN

- ▶ for surgery
- ▶ for interventional examinations up to 15 years of age



Read "What do you need to do before your child is admitted?" on page 3 as soon as you get this booklet.

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CONTACT

After reading the 'patient booklet', if you have any questions about ...

- ▶ **... the surgery or the examination?** Call the secretary's office of the doctor performing your child's surgery or examination.
- ▶ **... the admission to the paediatric day hospital?** Call the secretary's office of the paediatric day hospital on 056 63 20 20.
- ▶ **... the anaesthesia and pain management?** Call the anaesthetist on 056 63 30 30 or 056 63 30 35.
- ▶ **... the medication?** Call your GP or family pharmacist.
- ▶ **... anything else?** Ask at the reception desk or call 056 63 63 63.

1. What do you need to do before your child is admitted?

Your child will shortly be coming to Groeninge General Hospital for surgery or an examination.

1. Read this "patient booklet" and the "information guide for admission for children".

2. Answer the questions in the patient booklet.

Not able to do so?

Get help from your family or GP.

3. Contact your GP.

Go to the GP if the doctor in the hospital has prescribed extra examinations such as a blood test.

4. Watch the video.

Would you like to show your child what will happen when they are admitted to the hospital?

We have made two videos tailored to children. You can find these at azg.site/opname-kind or by scanning the QR code provided below.



Has your child had any of the following less than three weeks before admission:

- A childhood illness?
- Fever?
- Diarrhoea?
- A red skin rash?
- Is your child coughing or vomiting?

Discuss this with your child's GP or the secretary's office of the treating doctor before admission.

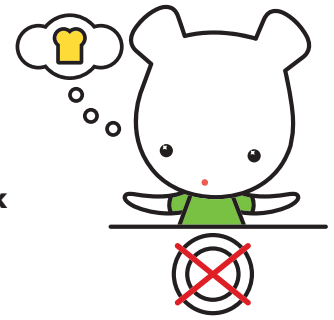
We will determine whether the procedure can take place.

Does your child have a fever less than 24 hours before admission?

Inform the paediatric day treatment hospital about this immediately.

We will determine whether the procedure can take place.

2. Is your child allowed to eat and drink before the surgery or the examination?



Your child's stomach should be empty before the anaesthetic. That means that your child must **fast**, which means that your child is **not allowed to eat or drink** after a certain time.

If your child does eat, this results in the production of stomach acid. When under anaesthetic, this stomach acid can flow into the lungs. This can cause inflammation of your child's lungs.

Has your child eaten or had anything to drink after a certain time? Please inform the nurse. He or she will consult the anaesthetist to check whether the surgery can still be performed on the same day.

What do you have to do?

Follow the schedule below:

You know the time of the surgery or examination.

Until midnight	Normal meal
Until 6 hours before the surgery or examination	A light meal or formula feed For example: <ul style="list-style-type: none">• a sandwich• toast with jam• yoghurt,...
Until 4 hours before the surgery or examination	Breastfeeding, but NO formula feeding
Until 2 hours before the surgery or examination	Water, sports drink, clear apple juice, clear tea, black coffee

You do not know the time of the surgery or examination.

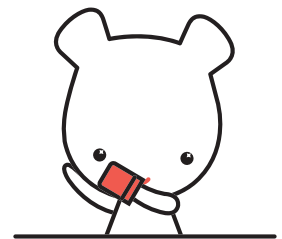
Your surgery or examination is before 1pm.	Nothing to eat or drink from midnight onwards.
The surgery or examination is after 1pm.	A light breakfast is permitted no later than 7am.

3. Hygiene measures

Good hygiene reduces the risk of infections. It is therefore important to follow these instructions.

What do you have to do?

1. Wash your child thoroughly the day before and the day of their admission.
 - Use soap, unless the doctor says otherwise.
 - Wash the armpits, skin folds under the breasts, groin area, belly button, buttocks and between the toes very well.
 - Wash the hair with regular shampoo.
 - Rinse off all soap well.
 - Dry your child with a clean towel.
 - Dress your child in clean clothes.
2. Brush your child's teeth thoroughly.
3. Cut the fingernails and toenails short. Remove nail polish.
4. Do not apply any body lotion on your child's skin in the morning.
5. Before the surgery or examination, remove any rings, necklace, watch, bracelet, earrings, etc. that your child is wearing.
6. Remove contact lenses.
7. Tie long hair in a ponytail.



4. Medication

4.1. What do you need to do with your child's medication?

General rule

For many medications, it is important that your child also takes them on the day of surgery or examination. Suddenly stopping certain medications can be dangerous.

So, the general rule is: **ensure that your child takes their medication on the day of surgery or examination at the normal time.** They may do this with a sip of water.

Stopping medication

It is sometimes better for your child to stop taking certain medication before their surgery or examination. For example:

- Blood thinners
- Medication for diabetes
- Diuretic medication
- Medication for high blood pressure

This should always be done in consultation with your child's treating physician.

4.2. Medication schedule

We need a list of all the medications your child is currently taking. That's why you need to fill in a medication schedule and hand it to the nurse.

Fill in the medication schedule on the next page

You can fill in the medication schedule yourself.

Or you can ask your general practitioner or family pharmacist to provide your child's medication schedule.

Hand the medication schedule to the nurse.

Give the nurse the medication as well. This medication must be in its original packaging.

affix patient sticker upon admission		Last name and first name <i>patient</i>		Date of birth <i>patient</i>		Date validation by (general) practitioner	
What is the name of the medication?	How does your child take the medication?	How often does your child take the medication?	How much medication does your child take and in what dosage?				comment
full name medication with dosage	by mouth, eyes, inhalation, etc.	daily, 1 x per week/month/year, as needed for pain, etc.	Morning	Noon	Evening	Before bed	Additional information, for example: when did your child start taking this medication, has your child recently taken more or less of this medication, etc.
			1 tablet, half tablet, 1 inhalation, number of mL, 1 sachet, etc.	1 tablet, half tablet, 1 inhalation, number of mL, 1 sachet, etc.	1 tablet, half tablet, 1 inhalation, number of mL, 1 sachet, etc.	1 tablet, half tablet, 1 inhalation, number of mL, 1 sachet, etc.	

Also write down the medications your child takes occasionally.
For example, medication that has recently been changed, started or stopped.

<p>Have you thought about</p> <input type="checkbox"/> antibiotics <input type="checkbox"/> medication for sleep <input type="checkbox"/> medication for pain <input type="checkbox"/> insulin <input type="checkbox"/> hormonal preparations (e.g., contraceptive pill) <input type="checkbox"/> medication for stomach pain or reflux <input type="checkbox"/> eye, ear and nose drops <input type="checkbox"/> anti-epileptics	<input type="checkbox"/> inhalers or aerosol therapy <input type="checkbox"/> ointments, creams, gels <input type="checkbox"/> medication for constipation <input type="checkbox"/> nutritional supplements, vitamins <input type="checkbox"/> medicinal herbs and plants <input type="checkbox"/> homeopathic remedies <input type="checkbox"/> preparations
Is your child allergic to any medications or do they cause any other serious side effects? What reactions and when?	

5. Questionnaire about your child

 **Please complete this questionnaire at home and give it to the nurse.**

- Complete the left column of the table below. Measure your child's height and weight at home. Undress your child before measuring.
- Please circle "yes" or "no" for the questions on pages 10 to 12.
- Write down any extra information on the lines.

Last name: _____ _____ First name: _____ _____	Medical intervention scheduled: _____ Side: <input type="checkbox"/> LEFT / <input type="checkbox"/> RIGHT / <input type="checkbox"/> NOT APPLICABLE Date: ____ / ____ / 20____ Surgeon: _____
Date of birth: _____ _____	Premature: <input type="checkbox"/> YES / <input type="checkbox"/> NO
Height: _____ cm Weight: _____ kg	
General Practitioner: _____ _____ _____	Patient sticker (applied by the nurse on the day of admission)

Information relating to anaesthesia		
Has your child ever had surgery? Is your answer 'yes'? Then please fill in the type of surgery and the year below: Surgery: _____, year: _____ Surgery: _____, year: _____ Surgery: _____, year: _____ Surgery: _____, year: _____ Surgery: _____, year: _____	<i>no</i>	<i>yes</i>
Has your child ever had a general anaesthetic?	<i>no</i>	<i>yes</i>
Has your child ever had a local anaesthetic?	<i>no</i>	<i>yes</i>
Did your child react normally to the anaesthesia? Examples of an abnormal reaction include restlessness, difficulty waking up, nausea and vomiting. Is your answer 'no'? Please describe your child's reaction below: _____	<i>no</i>	<i>yes</i>
Has any member of your child's family ever had problems with anaesthesia? Is your answer 'yes'? Please describe the problem that person had below: _____	<i>no</i>	<i>yes</i>

Information relating to allergies		
Is your child allergic to latex?	<i>no</i>	<i>yes</i>
Is your child allergic to fruits or vegetables? Is your answer 'yes'? Please provide additional information below: _____ _____	<i>no</i>	<i>yes</i>
Is your child allergic to plasters or disinfectants? Is your answer 'yes'? Please provide additional information below: _____ _____	<i>no</i>	<i>yes</i>
Is your child allergic to certain medicines? Is your answer 'yes'? Please provide additional information below: _____ _____	<i>no</i>	<i>yes</i>

Information about the body		
Does your child have problems with their heart? Is your answer 'yes'? Please provide additional information below: _____	<i>no</i>	<i>yes</i>
Does your child easily get short of breath during exertion?	<i>no</i>	<i>yes</i>
Does your child easily get short of breath when at rest?	<i>no</i>	<i>yes</i>
Does your child sometimes have trouble breathing, asthma or chronic bronchitis? Is your answer 'yes'? Please provide additional information below: _____	<i>no</i>	<i>yes</i>
Has your child ever received blood or other blood products? Is your answer 'yes'? Please state when and why below: _____	<i>no</i>	<i>yes</i>
Did your child experience any problems? _____		
Does your child have any loose teeth?	<i>no</i>	<i>yes</i>
Does your child have braces?	<i>no</i>	<i>yes</i>

Information about diseases		
Does your child have an eye disease? Is your answer 'yes'? Please provide additional information below: _____	<i>no</i>	<i>yes</i>
Does your child have diabetes? Is your answer 'yes'? Please provide additional information below: _____	<i>no</i>	<i>yes</i>
Does your child have any other disease? Is your answer 'yes'? Please provide additional information below: _____	<i>no</i>	<i>yes</i>

Recent information		
Does your child take medication?	<i>no</i>	<i>yes</i>
Is your answer 'yes'? Please complete the medication schedule on page 7.		
Has your child been given cortisone in the past 6 months?	<i>no</i>	<i>yes</i>
Does your child wear contact lenses?	<i>no</i>	<i>yes</i>
Does your child wear a hearing aid?	<i>no</i>	<i>yes</i>
Has your child had flu during the past month?	<i>no</i>	<i>yes</i>
Does your child have problems performing certain movements? This does not refer to the movements for which your child is undergoing surgery. Is your answer 'yes'? Please provide additional information below: _____	<i>no</i>	<i>yes</i>

Information about your presence as the parent		
Do you want to be present at the start of the anaesthetic?	<i>no</i>	<i>yes</i>
Do you want to be present in the recovery room after the surgery?	<i>no</i>	<i>yes</i>

Extra info		
Do you have any extra comments? Write them out below: _____ _____		

6. Anaesthesia and pain management

6.1. Information on anaesthesia and pain management

What does an anaesthetist do?

During surgery, the anaesthetist will attend to your child.

They will sedate your child and stay with your child until they wake up.

How does the anaesthetist choose the anaesthetic?

- You authorise the anaesthetist to sedate your child. To do so, please fill in and sign the form on page 10.
- There are different forms of anaesthesia and pain management during and after surgery. The anaesthetist will decide which is best for your child. They will evaluate your child's health, medical history and medication, as well as your personal wishes. They can find this information in the questionnaire in this patient booklet on page 10. Be sure to fill out the questionnaire.

The anaesthetist will discuss the anaesthetic with you.

The anaesthetist will suggest an anaesthetic. They will discuss it with you. You are required to give your consent. Feel free to ask them any questions.

- Was your child admitted the day before the surgery? If so, the anaesthetist will discuss the anaesthetic with you in the evening.
- Is it a one-day admission? Then you'll see the anaesthetist just before your child's surgery.

6.2. Information on the side effects of anaesthesia

Anaesthesia or sedation is very safe. However, your child may experience side effects or discomfort.

These are determined by:

- your child: their general health, certain risk factors such as obesity
- the surgery: how urgent it is, what kind of surgery it is, etc.

Below we provide an overview of all the possible side effects.

Do you have any questions? Talk to your anaesthetist.

6.2.1 Common side effects? (1 in 100 people)

> Your child feels nauseous or needs to vomit

Was your child nauseous after a previous anaesthetic? Did your child vomit after a previous anaesthetic?

- Note this down on the 'Patient Questionnaire' on page 9.
- Tell the anaesthetist on the day of the operation.

The anaesthetist will give your child medication during the surgery. This medication will make your child feel less nauseous or make your child vomit less after your surgery.

> Your child has a sore throat or sounds hoarse

During surgery, we place a tube in the airway or stomach. As a result, your child may have a sore throat or be hoarse after surgery. The sore throat or hoarseness will go away on its own after a few hours or days. Is your child suffering a lot from the sore throat or hoarseness? Give the child a lozenge to suck.

> **Your child is feeling dizzy**

During the surgery, your child will receive anaesthetic medication and lose fluids. As a result, your child may have low blood pressure during and after surgery. Your child will feel dizzy. Is your child feeling dizzy due to low blood pressure? If so, they will be given medication and extra fluids via an IV.

> **Your child can't see very well**

During a general anaesthetic, we apply ointment to your child's eyes to protect them. As a result, your child may not be able to see very well after surgery. This will go away on its own.

> **Your child is shivering**

Your child may be shivering after surgery:

- because they became cold during the surgery,
- as a result of certain medications,
- because of stress.

Is your child shivering after the surgery? If so, they will be given a heating blanket.

> **Your child has a headache**

Your child may have a headache after the surgery:

- as a result of the anaesthesia,
- as a result of the surgery,
- because your child hasn't eaten for a long time,
- because of stress.

The headache will go away on its own.

Is your child suffering a lot from the headache? Talk to the anaesthetist.

> **Your child is feeling itchy**

Your child may feel itchy after the surgery because of:

- the painkillers,
- an allergic reaction.

Is your child feeling itchy? Talk to the nurse.

> **Your child has backache, muscle pain or joint pain**

During the operation, your child will spend a prolonged period lying still on a hard operating table. As a result, your child may experience backache, muscle pain or joint pain after surgery.

Is your child prone to suffering from back or neck pain? Talk to the anaesthetist.

> **Your child experiences pain during the injection of medicines**

Some medications are given to your child by injection. Sometimes this is painful, or your child will feel a burning sensation.

> Your child is feeling confused or suffering from memory loss

Your child will usually feel sleepy after a general anaesthetic. They may find it hard to concentrate and have problems moving with ease. Sometimes your child may be confused or agitated by the medication. This usually goes away by itself when the medication wears off.

The side effects are related to:

- the medication that your child is taking,
- the type of surgery,
- your child's age: The older your child is, the more likely they are to suffer from memory loss, confusion and difficulty concentrating.
- your child's psychiatric history: Does your child have psychiatric problems, or have they suffered these in the past? If so, there is a greater risk that your child will suffer more from confusion and feeling restless after the anaesthetic.
- your child's consumption of alcohol or drugs: Does your child use alcohol or drugs? If so, there is a greater risk that your child will suffer more from confusion and feeling restless after the anaesthetic.

6.2.2 Occasional side effects (1 in 1,000 people)

> Your child develops a lung infection

Sometimes your child will get a lung infection after a general anaesthetic.

Does your child smoke? Do you, as the parent, smoke around your child?

If so, your child has a greater risk of developing a lung infection.

> Your child has problems urinating

Your child may have difficulty urinating after the surgery. Boys sometimes have difficulty urinating.

Girls sometimes lose urine. This will go away on its own.

Does your child have problems urinating? If so, they may be given a temporary catheter.

> Damage to your child's teeth, lips or tongue

During surgery, we place a tube in your child's mouth so that they can breathe. The teeth, lips or tongue may be damaged when we insert the tube. When your child wakes up after surgery, they may clench their teeth very hard. This can sometimes damage their teeth, lips or tongue.

Your child has a greater risk of damage if they:

- have bad teeth,
- have a small mouth,
- have a small lower jaw.

> Your child wakes up during the surgery

The anaesthetist will stay with your child during the surgery and make sure that your child remains sedated.

During a previous surgery, did your child feel as if they were waking up? Talk to the anaesthetist.

6.2.3 Rare side effects (fewer than 1 in 1,000 people)

> Damage to your child's eyes

During a general anaesthetic, we put artificial tear drops in the eyes to protect them. To give the eyes extra protection, we glue them shut. But sometimes the eyes do get damaged. This will go away on its own. Does your child have sore eyes? If so, they will be given special eye ointment.

> Your child has an allergic reaction to medication

Sometimes we see a mild allergic reaction, for example: skin rash, difficulty breathing, drop in blood pressure, etc. Occasionally we see a life-threatening allergic reaction. We can tell very quickly if your child is having an allergic reaction during surgery. In order to help your child properly, it is very important that you fill in the 'Patient Questionnaire' on page 9 correctly.

> Your child has less strength or feeling in (part of) the body

During the operation, your child will spend a prolonged period lying still on a hard operating table. Sometimes your child will lie in an abnormal position. Occasionally the nerves get damaged as a result.

The injection of a local anaesthetic or medication sometimes causes damage to your child's nerves. This usually goes away on its own after a few weeks or months.

> Your child dies

The risk of your child dying from anaesthesia is very low. The risk is related to:

- general health,
- the underlying disease for which your child is having surgery,
- any complications during surgery.

6.3. Information on anaesthesia techniques

You can find more information on anaesthesia techniques and side effects on our website:

azg.site/anesthesietechnieken



6.4. Consent form for anaesthesia and pain management



Please fill in this form and give it to the nurse.

I freely request a licensed anaesthetist:

- to sedate my child (= anaesthesia).
- to manage my child's pain (= analgesia) during and after the surgery or examination.

Anaesthesia and pain management

- I understand that there are risks associated with anaesthesia and pain management. Nevertheless, I request anaesthesia and pain management for my child during and after the surgery or examination.
- I understand that the type of anaesthesia and pain management may change if needed. This may happen without me knowing about this in advance.
- I understand that the risks of anaesthesia and pain management may be greater due to my child's (medical) condition.
- I understand that the risks of anaesthesia and pain management may be greater if my child does not follow the guidelines.
- I understand that the anaesthetist cannot guarantee the outcome of the anaesthesia and pain management.
- I was provided with information about the techniques of anaesthesia and pain management. The anaesthetist provided me with additional information when I needed it.

Before the surgery or examination

- My child has **fasted**, according to the anaesthetist's guidelines (see page 4). I know that it is forbidden to eat, snack and smoke from 6 hours before the operation or examination.
- On the day of the surgery or examination, my child will take their **medication** at the normal time with a small sip of water. My child will refrain from taking their medication only if the treating physician prescribes this.

After the surgery or examination

- I agree to my child staying in hospital for a longer period if necessary.
- I know that my child is not supposed to leave the hospital without a chaperone.

I will not leave my child alone during the first 24 hours following the surgery or examination.

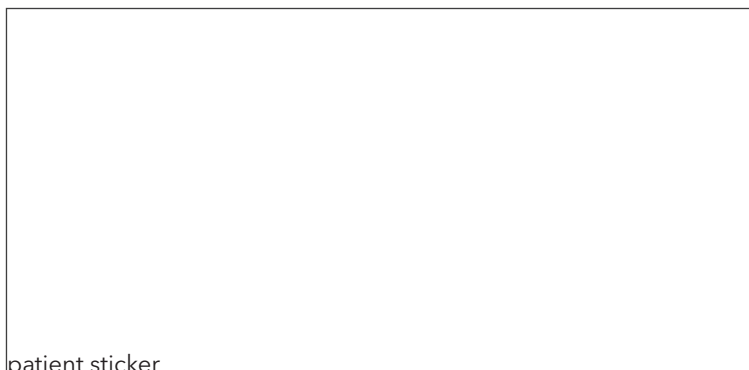
▶ *Continues on the next page*

7. Declaration of consent

Patient

Undersigned,

[in their capacity as parent/
(legal/mandated)
guardian of the minor]
hereby confirms



patient sticker

with respect to _____ [type of procedure/treatment/examination]

by Dr _____ on _____

has been informed in comprehensible language about:

- the established diagnosis
- the nature, the purpose, the degree of urgency, the duration, the frequency and the chance of success of the proposed procedure/treatment/examination
- the precautions that need to be taken as part of the procedure/treatment/examination (including required pre-operative and post-operatives examinations)
- any benefits or disadvantages, potential complications and side effects of the procedure/treatment/examination, including during the recovery period
- the possible alternatives for the procedure/treatment/examination
- the possible alternatives for pain management
- the chances of recovery with and without the procedure/treatment/examination
- the cost of the procedure/treatment/examination (with particular focus on the personal share of the patient)
- person carrying out the treatment.

I was given sufficient opportunity to ask all remaining questions that I had, and these have been answered to my satisfaction. By signing this informed consent form, I acknowledge that I am in possession of all the information that I feel necessary to make an entirely free and well-considered decision about my child undergoing the procedure/treatment/examination.

I am prepared to follow the treating physician's instructions to the letter, in order to guarantee the most favourable course of the procedure/treatment/examination and the recovery. I realise that, despite the utmost care and effort by the treating physicians and the nursing team and that of my child, it is impossible to offer an absolute guarantee of success.

If necessary for their recovery or maintain my child's health, I give the doctor permission to perform additional procedures/treatments/examinations during the course of the aforementioned procedure/treatment/examination due to medical facts that were unforeseen or unknown at the time of providing this consent.

I hereby voluntarily give permission to the doctor listed below to work together with any other doctor and/or doctor in training working under his supervision or selected by him, and to perform the aforementioned procedure/examination/treatment on my child, together with all the nursing and para-medical staff under the direct supervision of this doctor.

I give permission for anonymous photographic data to be recorded before, during and after the procedure/examination/treatment. I also give permission for these data to be used for medical and teaching purposes, including presentations and scientific publications.

I have read and understood the section "Information about anaesthesia and pain management" and have had the opportunity to pose all the necessary questions to the anaesthetist.

I have the right to cancel this procedure at any time.

Drafted in _____

Signature parent/guardian

Signature, name and doctor's stamp

Preceded by being read and approved:

Groeninge General Hospital

President Kennedylaan 4, 8500 Kortrijk

t. 056 63 63 63

www.azgroeninge.be

doc. 62906 - 202303

vu. Inge Buyse, Pres. Kennedylaan 4, 8500 Kortrijk

Hospital internationally recognised by JCI for safe care and quality: www.azgroeninge.be/kwaliteit

