Appendix 1. Example Pre-operative Health Screening Questionnaire

Pre-operative Questionnaire **Day Stay Patient** **Royal Aberdeen Children's Hospital**	NAME: Hospital Number: CHI number: Date of Birth: Age: Gender**:** AFFIX LABEL

To be completed by the Parent/Guardian	
Date	
Name of person completing this form	
What is your relationship to the child?	
What is your mobile phone number?	
Name and telephone number of person with parental responsibility	**As above /**
What procedure is your child getting today?	
Why are they getting this procedure?	
Is this to be done under general anaesthesia?	**Yes / No / Not sure**
What time did your child last eat?	
What time did your child last drink?	
What did they drink?	
Please write down any ALLERGIES your child has and what happens?	
Please write down any health problems or illnesses your child has.	
Has your child had a cough, cold or chest infection during the last 2 weeks?	**Yes / No**
Has your child had any diarrhoea, vomiting or fever in the last 48 hours?	**Yes / No**
Does your child have any bleeding problems?	**Yes / No**
Does your child take any regular medicines? **Please write down any regular medicines that your child takes.**	**Yes / No**
Have they taken their medicines today?	**Yes / No / Not applicable**

Has your child ever had an operation or procedure under general anaesthesia? **If yes, please write down the operations or procedures.**	**Yes / No**
Has your child ever had any problems with general anaesthesia? **If yes, please write down the problems.**	**Yes / No / Not applicable**
Has your child ever needed medicine to calm them down before anaesthesia?	**Yes / No / Not applicable**
Have any family members had a significant reaction to general anaesthesia? **If yes, what reaction did they have?**	**Yes / No**
Are your child's immunisations up to date?	**Yes / No**
If applicable, when was your child's last menstrual period?	**Not applicable /**
Please write down the name of your child's GP and the GP practice.	
Please write down the name of your child's health visitor / school.	
Please write down your child's religion.	
Please write down any other special requirements your child has.	
Do you have enough paracetamol at home?	**Yes (4-6 doses) / No**
Do you have enough ibuprofen at home?	**Yes (4-6 doses) / No**

Thank-you for completing this questionnaire.
Please give this to the nurse looking after your child on the ward.

To be completed by the Ward Nurse

- ☐ **I have reviewed the above questionnaire. No issues have been identified.**
- ☐ **I have notified .... (anaesthetic team) of the following issues:**
- ☐ **I have notified .... (surgical/dental team) of the following issues:**
- ☐ **I have notified .... (specialist nurse) to review this child.**
- ☐ **I have asked the play specialist to review this child.**
- ☐ **I have shown the following pain scales to this child: FACES / Pain Ruler**

I have applied EMLA/Ametop at (time):

Ward Nurse: .... **Signature:** .... **Designation:** ....