GENERAL UNIVERSITY HOSPITAL IN PRAGUE
U Nemocnice 499/2, 128 08 Prague 2 | ID: 00064165, tel.: 224 961 111

INFORMED CONSENT

Name and surname:	**National ID No.:**
Patient's legally acceptable representative (name, surname):	
Designation of the medical procedure/treatment procedure (or several procedures): **INHALATION ANALGOSEDATION FOR A CHILD**	

Purpose, nature, expected benefits, consequences and possible risks of the medical procedure:

The purpose of this medical procedure is the preparation of an inadequately uncooperative child patient for examination or a procedure.

The expected benefit is to ensure a smoother and painless examination with the subsequent reduced likelihood of any memory of the unpleasant experience which as a result means a smaller impact on the child's state of health. Inhalation analgosedation involves inhaling a mixture of nitrous oxide with oxygen at a 1:1 ratio, a medicinal gas called Actynox.

Further advantages and characteristics of administering an inhaled medicinal gas:

- rapid onset and offset of the effect within several minutes,
- effective relief from short-term pain,
- minimum adverse effects,
- analgesic, sedative (calming) and amnestic (the child has no memory of the treatment) effects during the patient's reduced consciousness,
- easier administration of local anaesthetic.

The risks of the procedure are as follows:

Occasional complications may be dizziness after the procedure, euphoria, nausea and even vomiting.

Other alternatives, their suitability, benefits and risks:

Treatment of an uncooperative child patient using different drugs, psychological approaches, under general anaesthesia or with the aid of gentle legal restraints (grip).

The medical procedure will take place as follows:

A healthy child without a cold, cough and raised temperature not on an empty stomach**,** will inhale Actynox through a mouthpiece or face mask under the supervision of a doctor for as long as is necessary.

It begins to take effect after 4 - 5 inhalations. The maximum effect is achieved usually after 2 to 5 minutes of constant inhalation. Inhalation of Actynox continues intermittently throughout the medical procedures. Once inhalation stops, the child patient is kept under supervision at rest for about 5 - 10 minutes until the child's attention and coordination of movement is satisfactorily restored.

Advantages: minimum stress for the patient, fewer adverse effects.

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Disadvantages: slower onset of the effect compared with intravenous administration of drugs.

Restrictions and recommendations in lifestyle with regard to the medical condition and possible changes in medical fitness after the stated medical procedure:

Short-term monitoring at an outpatients or a standard department.

Unless there is traumatic injury to the anaesthetised site as a result of biting, the side effects (hiccups, double vision, dizziness, skin tingling) associated with the applied method of conscious analgosedation usually quickly disappear. The child patient then gradually recovers depending on the procedure performed.

Further required treatment:

In case of need, a follow-up visit at an agreed date.

I declare that the doctor who instructed me personally explained the entire content of this written informed consent and I had the opportunity to ask him/her questions to which he/she gave a proper answer. I declare that I have fully understood the above instructions and information and give express consent to this medical procedure:

In case that the patient is **underage or has limited legal capacity** and is reasonably mentally and freely mature:
I declare that I have been instructed to the extent stated above.

If the patient was not provided with such data, he/she shall state the reason why: Enter the reason

In Prague on Enter the date

…… ……

patient's/legally acceptable representative's signature *doctor's name, surname and signature*

……

signature of the underage patient/patient with limited legal capacity

If the patient/legally acceptable representative cannot sign because of his/her medical condition:
Reason why the patient/legally acceptable representative is unable to sign: Enter the reason

Manner in which the patient/legally acceptable representative expressed his/her will: Enter the

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Name and surname:	**National ID No.:**
manner ..... *name, surname and signature of the witness*	

This form is also directly available in the HIS.