

Patient Label

Patient Name _____ Age _____

Procedure _____

Parent/Guardian Contact Information: _____

How does the patient communicate best:

- Spoken language Pictures Written words Non-verbal Uses a communication device:
_____ Speaks in full sentences Speaks in short phrases
 Speaks 1-2 word responses

Which of these things would help the patient be more comfortable: Keep lights dimmed Keep noise levels low Explain/model any necessary procedures first before doing (pictures, demonstration on doll) Other: _____

The patient gets upset when: They don't get something they want Something is taken away
 They are startled They are in pain or discomfort Other: _____

How does the patient communicate/show they are in pain:

What would make the patient more comfortable (reinforcements, rewards excluding food)

- 1) _____
2) _____
3) _____

Has the patient ever experienced sedation/anesthesia before: yes no

If the patient has experienced sedation before what was their response upon waking up: No issue
 Crying Agitated/Combative Slow to wake up Other: _____

If possible would you prefer to accompany the patient to the Operating Room for the anesthesia induction? yes no no preference

As a parent/guardian, I am comfortable seeing my loved one in the Recovery Room (soon after surgery): In a deep sleep: yes no With a tube in their mouth: yes no

Please provide the following items the day of surgery: Favorite clear liquid and cup, comfort item, preferred communication tool, rewards, second family member to provide support.

Has the patient ever taken medications before a procedure or when visiting the doctor to help with anxiety? Yes No If yes, what type of medication was taken?

