

Please observe the following very strictly (unless instructed otherwise by your doctor)!

Before the appointment:

You/Your child may have a light meal (e.g. a slice of white bread with jam and a glass of milk) **up to 6 hours** before the procedure. From then onwards, you/your child **must not eat, smoke and drink anything!** However, you are/your child is allowed to drink 1-2 glasses/cups of **clear fluid that does not contain fat and has no particles floating in it** (e.g. mineral water, lemonade, tea, coffee) **up to 2 hours** before the procedure, **but no milk and no alcohol!** **Children under the age of one** may be given food and milk **up to 6 hours** before the procedure. Breastfeeding is allowed **up to 4 hours** before the procedure. Tea or water may be given **up to 2 hours** before the procedure. Be sure to inform us if you/your child did have something to eat or drink contrary to instruction!

Please ask your doctor(s) which **medications** must or must not be taken.

Please remove contact lenses, removable dentures, jewellery (also *piercing* jewellery!), and artificial hairpieces and keep them in a safe place. Do not apply any facial cream and cosmetics (make-up, nail polish, etc.)!

Please bring comfortable, loose fitting clothes (jogging suit, night clothes, dressing gown). Empty the bladder shortly before the procedure.

After the appointment:

If applicable, use the following medication as prescribed (name and dosage): _____

After _____ hours you/your child may take the first small sips of fluid (e.g. tea); after _____ hours you/your child may have some light food.

Bed rest is required not required.

If a small plastic **drainage tube** has been placed for draining off fluid from a wound into a connected bottle, the quantity of the collected fluid has to be checked at regular intervals. Never remove a drainage tube by yourself!

If a **fixed dressing** (e.g. plaster of Paris) has been applied, keep the affected limb in an elevated position, first for a longer period of time and then for shorter periods as often as possible. Move the joints that are not encased in plaster regularly and alternately flex and relax the muscles under the dressing to improve blood circulation and prevent dysfunction.

Do not remove a dressing yourself!

Additional instruction: _____

Please contact the doctor immediately if any complications occur, in particular nausea, vomiting, pallor, fever (body temperature above 38°C), shivering attacks, neck stiffness, breathing difficulties, unusual pain, bleeding after the procedure, severe headache, if toes or fingers turn blue or white after a fixed dressing has been applied, if swelling, disturbances of sensation (e.g. a tingling sensation, feeling of numbness), symptoms of paralysis or cramps appear, or:

Doctor's phone number: ☎ _____ (Practice/Hospital) ☎ _____ (Home)

Doctor on Call: ☎ _____ (Name, Practice/Hospital) ☎ _____ (Home)

Discussion/Consent

Outpatient Procedures

After **thorough consideration** I give my consent that the planned procedure is performed on an **outpatient** basis. I have been informed about the advantages and disadvantages of outpatient treatment as compared with inpatient treatment. My questions have been answered completely and understandably. I also consent to a change from outpatient to inpatient treatment, if required. I have answered the questions about my return home and the care I will receive at home to the best of my knowledge.

I have received the detachable information-containing part of the leaflet to take home with me. I will follow the instructions. I will only leave the practice/hospital after the doctor has seen me again and decided that I may be discharged.

Doctor's notes on the discussion: _____

Place, date, time _____ Patient or guardian/proxy/person with custody of the patient* _____ Doctor _____

If the checkbox "**Returning Home after the Procedure**" is marked with a cross: In the final examination before discharge, the patient was explicitly instructed again not to drive, ride a bicycle or walk along streets for 24 hours.

Date, time _____ Doctor _____

* If only one parent signs, he/she declares at the same time by means of that signature that he/she has sole custody of the child or is acting with the consent of the other parent.