



**Proton Therapy Center Czech**

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<http://www.ptc.cz>

**Information for  
patient/parent/guardian  
upon discharge from the  
PACU unit/recovery room**

**PTC\_IS\_ANEST**

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Version number: 1

Dear patients/parents,

Today you/your child underwent a therapeutic procedure and received anesthetist care, for which you provided your consent confirmed by signing the informed consent form for anesthesia.

In this instruction, you will be informed about the risks and complications of anesthesia in the immediate and later periods after discharge from our care.

In the recovery room, you/your child will be monitored under the supervision of a physician anesthesiologist and by fully competent trained anesthetist nurses with full monitoring of your vital functions: blood pressure, heart rate (ECG), respiratory rate, and pulse oximetry.

We will monitor your state of consciousness, orientation and ability to coordinate movements.

The greatest risk is post-operative nausea and vomiting (PONV); if these complications occur, you/your child will receive calming medication. Due to the rapid onset and for relief from these unpleasant complications, the treatment will be administered directly into your blood stream (intravenously – IV).

Vomiting and nausea may occur later, even after discharge from our care. Therefore, it is important to follow the instructions of the physician anesthesiologist and anesthetist nurses.

It is important to observe mandatory fasting. **DO NOT DRINK 2 hours after anesthesia and DO NOT EAT 4 hours after anesthesia.**

Two hours after the anesthesia, you can give your child weak, lightly sweetened black tea, from a spoon or by sips. Adult patients should also follow this advice.

Carbonated beverages containing bubbles and irritating juices are not recommended.

Four hours after the anesthesia, you can eat or give your child a **LIGHT, NON-FAT DIET.**

Failure to observe these recommendations may result in a serious disorder of food intake, such as persistent vomiting, an inability to keep fluids and food in the stomach, and related potential dehydration, exhaustion and weakness.

The patient/parent/guardian of the child was informed of the state of health.

They were informed about their vital functions, such as BP, HR, respiratory rate, and oxygen saturation.

The patient/parent/guardian of the child was instructed about the need for post-anesthesia fasting.

The patient/parent/guardian has acknowledged receipt of all the information, has had everything explained sufficiently, and has understood everything.

In Prague on (date) .....

Signature of the patient/parent/guardian .....

Information was provided by .....