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MEDICAL RECORD**

MRN#:

DOB:

**Protocol Title:** Pediatric Anesthesia Care Unit  
(PACU) Outcome Evaluation Project

Pt Name:

**Principal Investigator:** Patcharee Sriswasdi, MD

Gender:

**Why are we doing this research study?**

We want to tell you about a research study we are doing. A research study is a way to learn more about something ó in this case about surgery and anesthesia. We would like to learn more about how you respond to anesthesia. We are going to study how you do after you receive anesthesia for your operation. By collecting information on what patients like you are like before operations and how they do afterwards, we may learn something that will help us do an even better job of caring for patients in the future. We hope results from this study will lessen the chance of injuries to other children and increase patientsø satisfaction with their operations.

**What do I have to do?**

If you agree to join this study, we will ask you or your parents to fill out some information on your personality before your surgery. The person who signs you up will observe how calm you are feeling. We will then collect some information about your surgery and the anesthesia you receive during your operation. When you are recovering from your surgery, we will keep track of how you wake up from your anesthesia. After you go home, we will ask your parents to answer some questions on how you are doing after the surgery if you are ages 6 months ó 12 years. You will complete a survey about whether you feel any stress after surgery if you are ages 13 ó 17 years. You or your parents will answer these questions two days and two weeks after your surgery. If you report not feeling well from stress, a psychologist will contact your parents to discuss how we might help you feel better. When we are done, we will look at all of this information to understand how patients and families like you tolerate and are satisfied with the experience of having surgery at Boston Childrenø Hospital.

**Are there risks in this study?**

Being part of this study will not change anything about how your anesthesia or surgery is performed, or how you are treated before or after the surgery. Being part of this study does not mean you will be at any increased risk or the amount of discomfort you have during or after your operation will change. This is why we believe the risks for being in this study are very low.

**Do I have to do this?**

You do NOT have to join this study. It is up to you. You can say ðnoö right now or you can say ðOKö now and change your mind later. All you have to do is tell us if you want to stop. No one will be mad at you if you donø want to be in the study or if you join the study and change your mind later and stop.

Before you say yes or no to being in this study, we will answer any questions you have. If you join the study, you can ask questions at any time. Just tell the researcher you have a question.

If you have any questions about this study, please feel free to contact Dr. Patcharee Srisawasdi. She may be reached at 857-218-5779.

If you sign your name below, it means that you agree to take part in this research study.

**Child/Adolescent Assent**

■ \_\_\_\_\_  
Date (MM/DD/YEAR)

\_\_\_\_\_   
Signature of **Child/Adolescent Subject**