

**VALLEY REGIONAL SURGERY CENTER
PRE-OPERATIVE PATIENT
TEACHING RECORD**

Arrive at the Surgery Center at: _____ on _____

Time of Procedure: _____

INSTRUCTIONS:

- Pre and Post Procedure routines explained: Preps, Pre-Op Assessment, Medications, Anesthesia Visit, Wake-Up Routine, Monitors, Frequent Vital Signs, Length of Stay, Pain Control, Diet, Activity Restrictions, Follow-Up Care.
- Complete Required Tests (Labs, X-Rays, EKG, Pregnancy Test, Sign Waiver).
- NO** ASA/ASA Products, Advil, Aleve, Bufferin, Ibuprofen, Motrin, Anti-Inflammatory Drugs, Coumadin or Other Blood Thinners - Check with Cardiologist, Family Dr. or Surgeon.

DAY OF PROCEDURE:

- DO NOT** eat or drink after **MIDNIGHT** (No food or drink, gum, mint, candy) or surgery will be cancelled. (Risk of Aspiration Pneumonia explained.)
- You may have clear liquids until _____ AM / PM, then NPO (Clear Liquids include water, apple juice, **BLACK** coffee).
- You may have a light meal (LOCAL Patients).
- You should take the following medications with a SIP of water only, 2 - 2 1/2 hours prior to your surgery (Insulin - follow protocol) _____
* Local Patients may take scheduled medications.
- DO NOT SMOKE** after **MIDNIGHT**. It is best to stop smoking 24 hours before your procedure.
- NO ALCOHOLIC BEVERAGES** at least 48 hours before your procedure. **NO ILLEGAL DRUGS** of any kind.
- Wear comfortable, loose-fitting clothing / shoes that can be easily removed.
- NO** makeup; **NO** nail polish. **REMOVE ALL** body piercings. A shower or bath is recommended prior to surgery.
- Leave all money, credit cards, jewelry or other valuables at home.
- Insurance cards and Photo ID.
- Glasses / Contacts must be removed before having procedure. Please bring case with you.
- PEDIATRIC PATIENTS:** Bring favorite toy, blanket, pacifier, formula or favorite drink.

OTHER IMPORTANT INFORMATION:

- Failure to follow these instructions may lead to the cancellation of your procedure.
- If you feel ill or have a fever >100^o, have a cold, cough, chest congestion or any other changes in your medical condition, contact your surgeon and the nurse at the Surgery Center
- CIRCLE IF APPLICABLE:** BRING: Eye Kit / Eye gtts; BRING: Inhaler / C-PAP / Amerigel. FOLLOW: Bowel Prep, ESWL Prep, Prostate BX Prep.
- Bring Advance Directive (Living Will or Durable Power of Attorney for Health Care) with you.
- You may be called to arrive **SOONER** than scheduled procedure time. Alternative phone# _____
- Responsible Adult must accompany you and assist at home day of surgery and overnight.
- Questions / Concerns please contact your Surgeon or Nurse at the Surgery Center (1-888-778-3848 between 6:00 a.m. & 2:00 p.m.)

ADDITIONAL INSTRUCTIONS:

Signature of Nurse providing instructions.

Date