**PRE-OPERATIVE PATIENT INSTRUCTIONS**

*CALL A NURSE AT ISLAND SURGICAL CENTER IF YOU HAVE ANY QUESTIONS.*

*Mon-Fri. 7am—5pm Tel.#: 646-0444 Fax #: 646-0440*

**Procedure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date and time of procedure:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Arrival Time @ ISC:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Surgery time is tentative. There may be possible schedule changes.

 Stay near phone on day of surgery. Confirm contact numbers\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **If you develop a rash, cuts, scrapes, wounds, or any other changes in your health status (i.e., cough, cold fever, etc.) please call Island Surgical Center immediately.**

 **NO FOOD, WATER**, **ALCOHOL, COFFEE, TEA, JUICES, SODA, CHICKEN, RICE, GUM, CANDY, FRUIT, CIGARETTES,**

**BETEL NUT AFTER: \_**12 midnight, \_\_\_\_\_\_\_\_\_(day/time/date)

 No jewelry/valuables

 No contact lenses/ Bring glasses.

Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Remove dentures/ Keep dentures on.

 No cosmetics, toenail/fingernail polish.

 Shower morning of surgery.

 Wear comfortable, loose-fitting clothes.

 Wear flat, non-slip shoes.

 Bring crutches/walker/wheelchair/pillow.

 **2** parents to accompany children. (At least 1 parent should remain in the facility throughout the patient’s stay.)

 Family members limited to 1 person for adults.

 If patient is a child—bring extra diapers, formula, a favorite toy, or blanket.

 **YOU ARE NOT ALLOWED TO DRIVE YOURSELF HOME AFTER YOUR PROCEDURE, SO ARRANGE FOR SOMEONE TO PICK YOU UP AFTERWARDS AND DRIVE YOU HOME.**

**WHO?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **24 HOURS AFTER YOUR SURGERY, YOU WILL NEED SOMEONE TO CARE FOR YOU DURING YOUR RECOVERY AT HOME.**

 Instructed to take B/P, heart, steroid, or asthma medications as follows: \_\_\_Pls. take all heart & blood meds up to & including the day of your procedure (with sips of water). Pls. bring to your appointment all inhalers that you may have. 4 days prior, stop anti-inflammatories. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Diabetic medication instructions given as follows: If you are diabetic & taking Glucophage, hold Glucophage for 24 hours prior to procedure. Hold all other oral diabetic medications the morning of your procedure. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Lab works (type).** Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**☐**Done **☐**Pending **☐**N/A

 **EKG** Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**☐**Done **☐**Pending **☐**N/A

 **Chest x-ray** Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**☐**Done **☐**Pending **☐**N/A

 **Medical Clearance** Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**☐**Done **☐**Pending **☐**N/A

 **F/U on pre-op tests done.** Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXTRA INSTRUCTIONS: 7 days prior DO NOT take Aspirin; Plavix, Coumadin, Lovenox, please check PCP.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Failure to follow any of these instructions may result in a cancellation or postponement of your procedure.**

Patient signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

ISC Staff signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**COPY GIVEN TO PATIENT/ ORIGINAL IN CHART**