

Bayonet Point Surgery and Endoscopy Center

PRE-ADMISSION INSTRUCTIONS

Phone interview completed

Message left with instructions

Pre-op visit completed

The following instructions are for your safety. PLEASE ADHERE TO THEM COMPLETELY:

1. **Light Meal up to 8 hours prior to scheduled arrival time.**

Milk products (including infants with bottle-feeding, coffee, or tea with cream up to **6 hours prior to scheduled arrival time.**

Infants with breast-feeding up to **4 hours** prior to scheduled arrival time.

Clear liquids up to **2 hours** prior to scheduled arrival time.

2. Take **all medications** with as little water (only) as possible in order to swallow the pill on the morning of the surgery. **Except oral diabetic and insulin medications.**

3. **DO BRING INHALERS** with you if you have asthma or emphysema.

4. **IF YOU TAKE INSULIN**, bring the bottle of insulin and syringes with you

5. **DO NOT TAKE ANY MEDICATIONS CONTAINING ASPIRIN OR IBUPROFEN** the week previous to surgery, unless otherwise directed by your physician.

6. **SHOWER AND WASH YOUR HAIR** the night before surgery.

7. Please wear loose, comfortable and warm clothing. If you have cotton underwear, please wear on the day of surgery. A surgical facility is always kept at a cooler temperature than your home. You will wear a patient gown provided by the surgery center. Your significant other may also wish to bring a sweater.

8. **VALUABLES** – including jewelry, wigs, and contact lenses should be left at home. We cannot be responsible for their safety.

9. **COSMETICS** should be minimal or not worn at all.

10. **CONSENT FORMS** - your signature will be required in accordance to your particular surgery. Please read carefully and be sure to clarify any questions you may have.

11. **A RESPONSIBLE ADULT** must accompany you to the Surgery Center and be available to receive instructions with you for your care, **drive you home, and assist you through the night.**

12. **ILLNESS** – in case of an obvious respiratory infection (cold) or acute illness one week prior to surgery, please contact your physician.

13. **BE HERE ON** _____ **AT** _____

OTHER INSTRUCTIONS: _____

I HAVE READ AND UNDERSTAND THE ABOVE INSTRUCTIONS AS A SURGICAL GUEST OF BAYONET SURGERY AND ENDOSCOPY CENTER AND HAVE BEEN INFORMED THAT SURGERY MUST BE CANCELLED IF I EAT OR DRINK ANYTHING AFTER MIDNIGHT PRIOR TO SURGERY.

Patient Signature _____

Date _____

Witness _____



***A Nurse will be calling you between 3:00pm-5:00pm the day prior to your procedure with one exception. If your procedure is scheduled on Monday we will call you on Friday.**