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| **Welcome to the Olathe Medical Center** | | | | | |
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| We are pleased that you and your physician have chosen the Olathe Medical Center for your upcoming procedure. We encourage you to ask questions, and to let the staff know of your special needs. We want your visit to be as comfortable as possible. A phone nurse may be calling you 2 - 3 days before your procedure to review the pre-procedure instructions and to obtain your medical history. Please have the following information available to share with her when she calls: | | | | | |
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| 1) List of your allergies. | | | | | |
| 2) List of any over-the-counter or prescription medications you are taking. | | | | | |
| 1. List of the surgeries and procedures you have had. | | | | | |
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| If you would like to visit with an anesthesiologist before the day of your procedure, anesthesia pre-op interviews are available Monday through Friday from 1:30 to 3:30 pm. Just call the phone nurse office at 913-324-8589 or 913-324-8581 to set up an appointment time and one of our anesthesiologists would be happy to meet with you. | | | | | |
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| **Important Pre-procedure Instructions for Adults having a Procedure under Anesthesia** | | | | | |
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| The following instructions are designed to provide you with a safe, comfortable experience. Please follow **all** instructions completely. | | | | | |
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| 1) | **Your scheduled procedure time is subject to change. We will call you after 2:00 P.M. the day before your procedure to notify you of any time changes.** | | | | |
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| 2) | Do not eat any food or drink any non-clear liquids after midnight on the night before your procedure. | | | | |
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| 3) | No smoking or alcohol 24 hours before your procedure. | | | | |
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| 4) | The phone nurse will give you specific showering or bathing instructions if applicable; otherwise shower or bathe the night before or morning of the procedure. If you wear dark nail polish, please remove the polish from one fingernail. Please do not wear any make-up. Braid or tie back long hair. | | | | |
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| 5) | Notify your surgeon if you have any changes in your health before the date of your procedure. Report signs and symptoms such as: fever, sore throat, or other infection, rash, scab or wound near the surgical site, breathing difficulties, or chest pain. Your procedure may be postponed. | | | | |
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| 6) | You **must** arrange for a responsible adult to drive you home and stay with you overnight after your procedure, unless you are having a local anesthetic **only (**without an IV and only numbing medicine injected into the site). | | | | |
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| 7) | If the patient is under the age of 18, a parent or legal guardian must accompany him/her. | | | | |
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| 8) | Please leave **all** valuables at home, i.e., jewelry, including body piercings, etc. | | | | |
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| 9) | Wear comfortable, loose-fitting clothing. A gown will be provided. | | | | |
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| 10) | If the phone nurse instructs you to take any medications the day of your procedure, you may take with a sip of water, but no later than two (2) hours before your procedure. | | | | |
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| **BRING:** | | **√** | Your medical advance directive, durable power of attorney for health care decisions, or living will if you have one. This statement outlines the medical treatment you would want, or names the person you would wish to make healthcare decisions for you if you could not longer speak for yourself. If you do not have an advance directive, we will provide you with information and the opportunity to complete one, if desired. | | |
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|  | | **√** | Your insurance card, driver’s license, and any co-pay amounts for your insurance. | | |
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|  | | **√** | Case for dentures, eyeglasses, contact lenses, or hearing aid. | | |
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|  | | **√** | Guardian papers, if applicable. | | |
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| You have been scheduled to have the following procedure | | | |  | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | at | 🞎 Ambulatory Surgery Center 🞎 Day Surgery | on |  | at |  |   You will need to check in at:  🞎 Ambulatory Surgery Center which is located on the 1st floor of the 2nd doctor’s building (furthest building west of medical center).  🞎 Patient Registration which is located on the first floor of Olathe Medical Center north of the emergency room entrance.  The phone nurse will let you know what time to arrive at the hospital. **It is very important that you arrive promptly so that there is adequate time to prepare you for your procedure.** Remember your scheduled procedure time is subject to change so please check your phone messages the day before your procedure.  If you have any questions prior to the day of your procedure, please contact the phone nurse between the hours of 8:00 am and 4:30 pm, Monday through Friday, at 913-355-3898, option 3. | | | | | |
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