



PORT HURON

1221 Pine Grove, Port Huron, MI 48060

Please call
(810) 989-3192
to review history
with nurse

Patient Identification

Pediatric Patient Instruction Checklist **(Ages 15 and Younger)**

1. Please enter the hospital through the main entrance. From there, hospital personnel will direct you.

Day _____ Date _____

- **The hospital will call you the day before your procedure between 3:30 – 5:30pm with your arrival time. If you do not have an answering machine and will not be home at this time please call (810)989-3280 between 3:30 – 5:30pm.**
- **If at any time you decide to cancel this procedure/surgery, you must inform your surgeon call his/her office immediately.**
- **IMPORTANT: If you develop a cold, flu, sore throat, infection, or any illness between now and your scheduled procedure, contact your surgeon.**

2. Outpatient Surgery/Procedures

You must have:

- Parent or guardian present (Who must stay in waiting area while procedure is in progress).
- Responsible adult to stay with patient until the morning after the procedure, for their safety and welfare.
- Arrangements for other children who are not patients. **Please do not bring them with you to the hospital.**
- **No family member will be allowed in the surgery or procedure room.**

3. **Do not eat, drink, chew gum, or have candy after midnight unless under 4 years of age.**

Exceptions:



- **0-4 Years of age:** May have 2-3 oz. **clear liquids** (water or apple juice) up to 4 hours before surgery. **Breast milk** 2-3 oz. up to 4 hours before surgery. **Formula** 2-3 oz. up to 6 hours before surgery.
- **4-15 Years of age: Clear liquids** 2-3 oz. up to 4 hours before procedure.
- **Dr. McDonald's Patients 4-15 years of age:** Nothing to eat or drink after midnight.
- **Failure to follow these instructions could result in delay or cancellation of surgery or procedure.**





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MEDICATION INSTRUCTIONS:

DO NOT TAKE	 DO NOT TAKE 
	<ul style="list-style-type: none">• Aspirin and/or anti-inflammatory products (Children's Advil, Ibuprofen, Motrin, etc.) for one week before surgery/procedure. **You may use Tylenol if needed.• Insulin or oral diabetic medication the day of surgery/procedure unless otherwise instructed.

DO TAKE 	DO TAKE 
	<ul style="list-style-type: none">• As directed by our Pre-Admission Testing R.N. given when you speak to her. <hr/> <hr/>

4. Day of Surgery/Procedure

- Shower or bathe the night before surgery with antibacterial soap or as directed by your physician.
- Avoid brushing teeth the morning of surgery (so child does not swallow water).
- Wear loose, comfortable clothing appropriate for the procedure. Bring an extra set of clothing including socks for children under the age of 8.
- Bring child's favorite toy, blanket, stuffed animal, and/or pacifier to enhance their sense of security.
- Female patients bring a urine specimen with you the morning of the procedure.
- If your child uses a specific type of bottle/nipple, diapers, formula, or a sippy cup, please bring it with you the morning of surgery. If filling bottles, use water, clear juice, such as apple, white grape or pear, or diluted formula.
- No make-up, hair spray, jewelry (or body piercing).
- Glasses/contact lenses — please bring carrying case.
- Bring insurance and prescription cards.
- Leave valuables and jewelry at home.
- If your child awakens ill the morning of surgery, call **(810) 989-3280** to inform them.

Pre Admission Testing Use Only

Instructions given via phone to Parent S.O. Other. _____

Date/Time

Signature _____

