



**PORT HURON**  
1221 Pine Grove, Port Huron, MI 48060

**Please call  
(810) 989-3192 to  
give health history  
to nurse**

Patient Identification

### **Adult Patient Instruction Checklist**

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

Day \_\_\_\_\_ Date \_\_\_\_\_

#### **Surgery/Procedure Arrival Time Verification:**

- **We will contact you the day before your procedure, between 3:30 and 5:30 p.m. If you will not be home or do not have an answering machine, please call (810) 989-3280 between 3:30 and 5:30 p.m. to verify your arrival time.**
- **If at any time you decide to cancel this procedure/surgery, you must inform your surgeon 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 must have:**

- A reliable driver for the ride home (Not doing so may result in cancellation of your procedure).
- A reliable adult should be present with you until the morning after the surgery/procedure for your safety and welfare (Not doing so may result in cancellation of your procedure).
- Please do not bring children with you to the hospital.**

3. **Do not eat, drink, smoke, chew gum or have candy after midnight the day before surgery** (unless otherwise instructed). Failure to follow these instructions may result in cancellation of surgery due to the possibility of vomiting and/or aspiration (breathing in) of stomach contents into the lungs. This could result in pneumonia or even death. No alcohol, street drugs, or marijuana 24 hours before surgery or procedure.

- **Gastric Procedures:** Clear liquids the day before procedure. **Do not eat, drink, smoke, chew gum or have candy after midnight.** Failure to follow these instructions could result in delay or cancellation of your procedure.



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*Any Patient that has a stent please contact your Cardiologist to determine when to stop the following medications:*

**\*\*DO NOT STOP THEM ON YOUR OWN\*\***

<b>DO NOT TAKE</b>	<b>DO NOT TAKE</b>
	<p><b><u>Medication Instructions</u></b></p> <ul style="list-style-type: none"> <li>• <b>NO Aspirin and/or anti-inflammatory products</b> (Ibuprofen, Advil, Motrin, Naprosyn, Aleve, Celebrex, etc.) <b>for at least 7 days before procedure or as directed by your physician.</b> You may use Tylenol (Acetaminophen) within this time period. <b><u>If you have a stent, do not hold aspirin unless approved by the ordering physician.</u></b></li> <li>• <b>Coumadin, Plavix, Pletal, Lovenox, Effient, Trental, Persantine or Ticlid:</b> Contact your cardiologist or physician that started you on this medication to determine when to stop taking.</li> <li>• <b>NO Supplements that contain:</b> Ephedra, St. John's Wort, Ginkgo Bioloba, Garlic, Ginseng, Vitamin E, Fish Oil, or Vitamins must be stopped one week prior to surgery or procedure.</li> <li>• <b>NO Insulin or oral diabetic medication</b> day of surgery or procedure unless otherwise instructed.</li> <li>• <b>Meridia:</b> Discontinue 2 weeks before surgery.</li> </ul>

<b>DO TAKE</b> ✓	<b>DO TAKE</b> ✓
	<ul style="list-style-type: none"> <li>• Normal medications the morning of surgery or procedure <b>as directed by our preadmission nurse</b> with a small sip of water.</li> </ul>

- Instructed to remove all jewelry and piercings or rings may need to be cut off.
- Reviewed visiting policy for day of procedure

**4. Day of Surgery or Procedure**

- No make-up, hair spray, jewelry (or any body piercing).
- Glasses/contact lenses — bring carrying case.
- Dentures — do not use adhesives.
- Leave valuables and jewelry at home.
- Wear loose, comfortable clothing appropriate for the procedure.
- Shower or bathe the night before and morning of your surgery with antibacterial soap or Hibiclens. Please change bed linens before you arrive home.
- Bring insurance, prescription cards, and photo ID.
- If you wake up ill, call surgery at **(810) 989-3280**.
- Female patients bring a urine specimen with you the morning of the procedure.

**Pre Admission Testing Use Only**

Instructions given via phone to  Pt.  Spouse  S.O.  Other \_\_\_\_\_

Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

