Summit OUTPATIENT SURGERY

OUTPATIENT SURGERY DEPARTMENT

Patient Label

Allergies: ❑ NKDA ❑ Verified ❑ See attached list for extensive allergies

Medication/Food _____ **Reaction** _____

_____ _____

_____ _____

Medication Information Obtained From:

❑ Patient ❑ Family member of patient ❑ Other

CURRENT HOME MEDICATION LIST

TO BE COMPLETED PRE-OPERATIVELY BY PATIENT

(Including: Prescription, Over the Counter, Herbal Remedies, Vitamins, Dietary Supplements)

TO BE COMPLETED BY PHYSICIAN ON DAY OF SURGERY

Medication	Dosage/Strength	When last dose was taken	Continue After Discharge
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No

Patient Acknowledgement:

- I have provided as accurate a list as I can of my home medications. I will continue to follow the medication orders of the prescribing physician unless instructed to change. If I have questions about my home medications, I will call the doctor who prescribed them.
- I understand that my medication list may be shared with my other physicians unless I decline. ❑ I decline.

Patient (designee) Signature: _____ **Date:** _____

- Current home medication list has been reviewed with patient pre-operatively.

RN Signature: _____ **Date/Time:** _____

NEW MEDICATIONS TO BEGIN TAKING

Medication/Dose	How Is It Taken	How Often Is It Taken	Rx Given at	Med Info Given
			❑ Pre-Op ❑ DOS	❑ Yes
			❑ Pre-Op ❑ DOS	❑ Yes
			❑ Pre-Op ❑ DOS	❑ Yes

Physician Signature: _____ **Date/Time:** _____

RN Signature: _____ **Date/Time:** _____

• PATIENT COMPLETE ALL GRAY SECTIONS •

SUMMIT OUTPATIENT SURGERY – ANESTHESIA EVALUATION FORM

Please complete everything above the solid black line.

PLEASE CIRCLE ALL THAT APPLY		
Medical History	**No ✓**	**Yes–As Indicated**
Cardiovascular		Heart Trouble Chest Pain CHF Pacemaker Defibrillator High Blood Pressure
Pulmonary		Lung Disease COPD Asthma TB Exposure Positive PPD Sleep Apnea
Endocrine		Diabetes Type 1 Type 2 Thyroid Lupus
Neurological		Stroke Seizure Epilepsy
Gastorintestinal		PUD Hiatal Hernia GERD
Kidney		Kidney Stones Renal Failure
Liver		Hepatitis Jaundice
Muscular/Skeletal		Muscle Weakness Paralysis Arthritis Back Trouble Neck or Facial Fractures Plates/Pins or Screws
Blood Dyscrasias		Abnormal Bleeding Anemia Blood Thinners Blood Disease Clotting DVTs
Other		Cancer HIV/AIDS Depression Anxiety Mental Illness Glaucoma Cataracts
Have you been recently hospitalized?		If **YES** please explain:
Recent Illness? (please list)		If **YES** please explain:
Electocardiogram in the last six months?		If **YES** please explain:
FOR CHILDREN ONLY		
Born prematurely?		If **YES** please explain:
Cough, congestion, or fever?		If **YES** please explain:

DO YOU:	Yes	No
Wear dentures? Have loose teeth/caps/bridges?		
Wear glasses/contacts, prosthesis, or hearing aid?		
Currently smoke? (pkg/day)		
Have you ever smoked?		
Use alcohol? (amt/day)		
Have religious objection to blood transfusion?		
Females: Could you be pregnant?		

PATIENT LABEL HERE

Food/Drug Allergy	Reaction

Date of last anesthetic: _____

Any abnormal reactions? ❑ Yes ❑ No Describe: _____

_____

_____

Relatives with abnormal reactions to anesthetics ❑ Yes ❑ No

COMMENTS _____

_____

Do you have any questions for your anesthesiologist? _____

_____

_____

Surgical History	Date

Current Medications	Frequency	Last Taken

When did you last eat or drink? Date: _____ Time: _____

ANESTHESIA EVALUATION REPORT

Height:	Weight:	BP:	T:	HR:	O2 Sat:	R:

Pre-Op Medications: _____

PHYSICAL EXAMINATION

ANESTHESIA EVALUATION (for Anesthesiologist use)

General Appearance _____

Sensorium: ❑ AA&O ❑ Drowsy ❑ Confused ❑ Age Appropriate _____

Head and Neck: WNL _____

❑ Class I ❑ Class II ❑ Class III ❑ Class IV

Cardiovascular: ❑ RRR ❑ Murmur _____

Chest: ❑ BS CTA Bilat _____

Abdomen: ❑ WNL ❑ Distended _____

Extremities and Back: ❑ WNL _____

Skin: ❑ p/w/d ❑ Intact ❑ Pale ❑ Diaphoretic _____

I.V. Infusion: ❑ Patient Site: _____

Risks, Benefits and Alternatives Discussed

Anesthesia Plan: General Spinal Epid Regional MAC/L Standby HCG _____

Understands and Agrees to Anesthetic Plan ASA Class - 1 2 3 4 5 6 E FSB _____

_____ ❑ AM ❑ PM _____

DATE TIME ANESTHESIOLOGIST

POST-ANESTHESIA EVALUATION

Time _____

Status: ❑ Stable ❑ AA ❑ Drowsy

❑ Under Effect Anesthetic ❑ Age Appropriate

Vital Signs: BP _____ SpO_2 _____

P _____ Temp _____

RR _____

Respiratory: ❑ Regular/Unlabored/Symmetrical

❑ Shallow/Symmetrical ❑ Intubated ❑ Vent ❑ Flow by

Cardiovascular: ❑ RRR ❑ Other _____

Comments: _____

_____

_____ ❑ AM ❑ PM _____

DATE TIME ANESTHESIOLOGIST

Summit
OUTPATIENT SURGERY

Preparing for Surgery

To help us meet all of your needs, please follow these guidelines:

- **Please read and sign the previous page and bring this booklet with you on the day of your procedure.**
- **Do not eat or drink anything including water, chewing gum or mints eight hours prior to surgery.** Medications for blood pressure, heart conditions, seizures, asthma or emphysema may be taken with a sip of water at their usual prescribed times. Bring any medications that you need during your stay, such as insulin or inhalers, with you. Undigested food in the stomach can cause complications and your surgery is likely to be postponed for your own safety if you forget to follow these instructions.
- **Bathe or shower and brush your teeth** (taking care not to swallow any water) the morning of your surgery. This will assist you in feeling refreshed as well as minimize the chance of infection.
- **Remove all mascara, make-up and jewelry.** If you wear contact lenses or glasses, bring a case for their safekeeping.
- **Wear loose fitting, comfortable clothing** that is large enough to accommodate a large bandage after surgery if needed. Wear comfortable slip-on shoes, no high heels, please.
- **Please bring with you a driver's license or other picture ID.**
- **Leave all valuables, including jewelry and cash at home.** We cannot be responsible for damaged or lost property.
- **Please arrive at the time given to you** (approximately **1.5-2** hours before your scheduled procedure). This allows us ample time to prepare you for your procedure. Your family/escort will be asked to wait in the waiting room.
- **BMI**
  If BMI is 45 or greater or if you have a defibrillator, we will be unable to perform your procedure in an outpatient setting. Please contact your physician's office with any questions.
- **Females of child bearing age will be required to provide a urine sample upon arrival.**

Medications

The medicines (includes over the counter medications, herbal and dietary supplements) you take are a very important part of your health information. Information such as your medication name, strength and directions for taking it will help your physician provide the best care for you.

Please complete the Medication List Form located on **page 3** and **bring it with you** on the day of your procedure. If you are unable to complete the form, you may bring all of your prescriptive and/or over the counter medications, herbal and dietary supplements with you.

Minor Children

- **Patients under the age of 18** must have one parent or legal guardian in the medical center until the patient is discharged.
- **Foster parents** must contact the admitting clerk at **405-936-8140. Please call as soon as your procedure is scheduled because written consents are required that must be notarized.**
- **Do not send grandparents** or step-parents with the patient unless they are legal guardians. Power of attorney forms must be presented for proof of guardianship.
- **Children may come in their pajamas;** you may need to bring extra clothing.
- **If your child cannot drink from a cup,** please bring a bottle or sippy cup.
- **It is best to have someone accompany the driver** in order to help care for the child on the trip home.

Summit
OUTPATIENT SURGERY

After Surgery

- **The length of the stay post-operatively** varies according to the type of procedure and your physician's instructions. Most patients are discharged 1 hour after surgery.
- **Your physician** will speak to a family member or friend after your surgery.
- **Your physician and nurse** will provide written post-operative instructions. Please follow all instructions carefully so your recovery will be as quick and comfortable as possible.
- **At any time, if you have an urgent need regarding your procedure after discharge,** contact your physician or seek medical attention from a local emergency room.

Licensed Driver

A responsible driver of at least 18 years of age must be available to drive you home after surgery because you will receive medication/ anesthesia that will make you drowsy. Failure to have someone available to drive you home will result in canceling or rescheduling your procedure.

We recommend that someone remain with you for the first 24 hours after your procedure.

Financial Arrangements

- **A predetermined fee is charged** for each type of procedure, thus providing a reasonably accurate estimate of your cost in advance.
- **Please bring your insurance card(s)** and insurance information with you on the day of your procedure.
- **The fee for the medical center,** physician and anesthesiologist are separate.
- **You will be asked to pay** deductibles and estimated co-insurance the day of your procedure.
- **Uninsured and/or cash patients** will be required to pay for services the day of surgery by check, money order or credit card.
- **We will bill your insurance company as a courtesy.** However, Summit Outpatient Surgery cannot accept responsibility for collecting your insurance claim or for negotiating a settlement on a disputed claim. You are responsible for any balance due and payment will be requested from you unless your insurance company pays within 60 days.

Notice of Physician Ownership

DISCLOSURE OF PHYSICIAN OWNERSHIP

1. Summit Outpatient Surgery is partially owned by physicians and meets the federal delineation of a physician owned facility as specified in 42 CFR 489.53. A list of the physician owners is available upon request.
2. You have the right to choose the provider of your health care services. Therefore, you have the option to use a health care facility other than Summit Outpatient Surgery.
3. You will not be treated differently by your physician if you choose to use a different facility. If desired, your physician can provide information about alternative providers.

- **The Physicians and Allied Health Professionals (AHPs)** practicing at Summit Outpatient Surgery are licensed by their appropriate Oklahoma State Board and are credentialed to practice in this facility. The physicians and AHPs provide medical services at Summit Outpatient Surgery, but they are not agents or employees of Summit Outpatient Surgery.

Summit
OUTPATIENT SURGERY

Patient's Bill of Rights and Responsibilities

YOUR RIGHTS AS A HOSPITAL PATIENT:

Summit Outpatient Surgery considers you a partner in your hospital care. When you are well-informed, participate in treatment decisions, and communicate openly with your physician and other health professionals, you help make your care as effective as possible. Summit Outpatient Surgery encourages respect for the personal preferences and values of each individual.

WHILE YOU ARE A PATIENT IN THE HOSPITAL, YOUR RIGHTS INCLUDE THE FOLLOWING:

- You have the right to considerate and respectful care with recognition of your personal dignity.
- You have the right to be well-informed about your illness, possible treatments, and likely out-come and to discuss this information with your physician. You have the right to know the names and roles of people treating you.
- You have the right to request consultation with a specialist at your expense.
- You have the right to consent to or to refuse a treatment, as permitted by law, throughout your hospital stay. If you refuse a recommended treatment, you will receive other needed and available care.
- You have the right to have an advance directive, such as a living will or health care proxy. These documents express your choices about your future care or name someone to decide if you cannot speak for yourself. If you have a written advance directive, you should provide a copy to the hospital, your family, and your physician. (A copy of Oklahoma's Advance Directive can be obtained from admitting area.)
- You have the right to expect that surroundings are reasonably safe.
- You have the right to refuse observers, students, and other caregivers.
- You have the right to privacy. The hospital, your physician, and others caring for you will protect your privacy as much as possible. You may refuse to see visitors if you choose to do so. You may also request transfer to another room if you are unreasonably disturbed by another patient or visitor.
- You have the right to request the assistance of a language interpreter. You may also ask for a TDD (Telephone Device for the Deaf) if hearing impaired. When written communication is not effective, you have the right to be informed again of your rights after admission in a manner that you can understand.
- You have the right to expect that treatment records are confidential unless you have given permission to release information or reporting is required or permitted by law. When the hospital releases records to others, such as insurers, it emphasizes that the records are confidential.
- You have the right to review your medical records and to have the information explained, except when restricted by law.
- You have the right to expect that the hospital will render necessary health services to the best of its ability. Treatment, referral, or transfer may be recommended. If transfer is recommended or requested, you will be informed of risks, benefits, and alternatives. You will not be transferred until the other institution agrees to accept you.
- You have the right to know if this hospital has relationships with outside parties that may influence your treatment and care. These relationships may be educational institutions, other health care providers, or insurers.
- You have the right to consent or decline to take

part in research affecting your care. If you choose not to take part, you will receive the most effective care the hospital otherwise provides.

- You have the right to be told of realistic care alternatives when hospital care is no longer appropriate.
- You have the right to be informed about hospital policies that affect you and your treatment and about charges and payment methods.
- You have the right to know about hospital resources, such as our patient relations representatives who can help you resolve problems and questions about your hospital stay and care.
- You have the right for medical decisions to be based on need and not your ability to pay.
- You have the right to be informed about the outcomes of care, treatments, or procedures including unanticipated outcomes, and when appropriate to also have your family informed.
- You have the right to have pain assessed and managed when admitted and throughout your hospitalization.
- You have the right to make a complaint and have it reviewed in a timely, accurate, and confidential manner. You can freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care treatment and services. Patients may file a complaint with OSDH, 1-800-522-0203, 1000 NE Tenth, Room 1114, Oklahoma City, OK 73117, other forms of filing are posted on the following webpage http://www.ok.gov/health/Contact_OSDH.html.
- You have the right to an environment that preserves dignity and contributes to a positive self image.
- You have the right to sufficient storage space to meet your needs.
- You have the right to keep and use personal clothing and possessions unless this infringes on others' rights or is medically or therapeutically contraindicated.
- You have the right to access, request amendment to, and receive an accounting of disclosures regarding your own health information as permitted under applicable law.

YOUR RESPONSIBILITIES AS A HOSPITAL PATIENT

- Your responsibilities as a hospital patient are to provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health. You and your family are responsible for reporting unexpected changes in your condition. You and your family help the hospital improve its understanding of your environment or providing feedback about service needs and expectations.
- You and your family are responsible for following the care, service, or treatment plan developed. You should express any concerns you may have about your ability to follow and comply with the proposed care plan or course of treatment. Every effort is made to adapt the plan to your specific needs and limitation. When such adaptations to the treatment plan are not recommended, you and your family are responsible for understanding the consequences of the treatment alternatives and not following the proposed course.
- You are responsible for asking questions when you do not understand what you have been told about your care or what you are expected to do.

- You and your family are responsible for following the hospital's rules and regulations concerning patient care and conduct.
- You and your family are responsible for being considerate of the hospital's personnel and property.
- You are responsible for being considerate of other patients, helping control noise and disturbances, following smoking policies, and respecting others' property.
- You and your family are responsible for promptly meeting any financial obligation agreed to with the hospital.
- Your family or surrogate decision-maker assumes the above responsibility for you if you have been found by your physician to be incapable of understanding these responsibilities, have been judged incompetent in accordance with law, or exhibit a communication barrier.

Patient's Complaints & Grievance Policy

- The physicians, nurses and the entire staff at Summit Outpatient Surgery are committed to assure you reasonable care. Should you have a complaint or grievance related to Summit Outpatient Surgery, contact the CNO/COO at 405-359-2400.
- If your complaint or grievance is not resolved to your satisfaction, you may contact the Oklahoma State Department of Health, Medical Facilities Division, 1000 NE Tenth, Oklahoma City, OK 73117-1299, 405-271-5600. Presentation of a complaint will not compromise your care under any circumstances.

Advance Directive Policy

- All patients have the right to participate in their own health care decisions and to make an Advance Directive or to execute Powers of Attorney that authorizes others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. Summit Outpatient Surgery respects and upholds these rights.
- However, unlike an acute care hospital setting, the Medical Center does not routinely perform "high risk" procedures. Most procedures performed in this facility are considered to be of minimal risk, though no surgery is without risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to the risks involved, your expected recovery and care after your surgery.
- **Therefore, it is our policy,** regardless of the contents of any advance directive or instructions for a health care surrogate or attorney in fact, that if an adverse event occurs during your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute hospital, further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive or Health Care Power of Attorney.
- **Your agreement with the policy** does not revoke or invalidate any current health care directive or health care power of attorney.
- **If you do not agree to this policy,** we are pleased to assist you in rescheduling your procedure.

Summit
OUTPATIENT SURGERY

Oklahoma Notice to Patients

Required by the Patient Self-Determination Act

This handout informs you what rights Oklahoma law gives you to make medical care decisions. After reading this, you may still have questions. If so, you should talk about them with your doctors and other health caregivers.

1. **Who will talk to me about my medical care options?** Your doctor should talk about medical care options with you using words you can understand.

2. **Who decides what medical care I will get?** Your doctor should tell you what the medically reasonable care and treatment options are for your medical condition. As a competent adult, you decide which care and treatment options you will get. You have the right to accept, refuse or stop any medical care or treatment, including life-sustaining treatment.

3. **What if I am not able to make my own decisions?** If you cannot make your own decisions about your own medical care, someone must make them for you. An advance directive is the best way to tell people what you want done. You can also say who you want to make decisions for you, if you can no longer decide for yourself.

4. **What is an advance directive?** An advance directive is a written document you sign before you are unable to make your own decisions. You can use an advance directive to tell people ahead of time what medical care you want. You can also name the person you want to make medical decisions for you if you cannot make them yourself. Oklahoma law has four kinds of advance directives:

   - *Living will*
   - *Health care proxy*
   - *Durable power of attorney for health care*
   - *Do-Not-Resuscitate consent*

5. **What is a living will?** A living will is a document that allows you to state your choices about life-sustaining treatment. It is used only if you are unable to make health care decisions for yourself.

6. **What is a health care proxy?** A health care proxy is a person you name to make medical decisions for you when you are no longer able, including decisions about life-sustaining treatment. You appoint someone to be your proxy with a written document in which you name them. It is used only if you are unable to make health care decisions for yourself.

7. **What is durable power of attorney for health care?** A durable power of attorney for health care is a written document in which you name the person you want to make routine medical decisions for you. This person can also

make decisions about life-sustaining treatment if you expressly give the person that power. It is used only if you are unable to make health care decisions for yourself.

8. **What is a Do Not Resuscitate Consent?** A person may refuse cardiopulmonary resuscitation (CPR) by consenting to a "Do Not Resuscitate" (DNR) order. If you know that you would not want to be resuscitated under any circumstances if your heart stopped or you stopped breathing, you can sign a DNR consent form. A DNR order is generally not signed until a person is near death.

9. **Should I have an advance directive?** Whether to have an advance directive is entirely your decision. One reason many people want an advance directive is to avoid a dispute about their care if they can't make their wishes known. Signing an advance directive, or – at the very least – talking about your medical care wishes with your loved ones, your doctors and others, makes sense before a medical crisis.

10. **Do I need all four documents?** A living will lets you tell others your wishes about life-sustaining treatment if you become terminally ill, persistently unconscious, or have an end stage condition. A person you name as a health care proxy can make health care decisions according to your wishes if you are unable to do so. Because of this, you may want to sign a living will and a health care proxy. The living will and health care proxy are both contained in the "Oklahoma Advance Directive for Health Care." Most people do not need both a proxy and a durable power of attorney for health care. Persons near death may wish to complete a DNR consent form. Forms are available from physicians, hospitals, home health agencies, hospices, nursing homes and Area Agencies on Aging. Free copies may also be obtained by calling 877-283-4113 or going to http://okpalliative.nursing.ouhsc.edu.

11. **If I sign an advance directive now, can I change my mind?** You can revoke an advance directive by telling your health care provider or by writing new instructions. You can sign a new advance directive any time you want. In fact, you should go over your advance directive at least once a year to be sure it still correctly states your wishes.

12. **Can I be sure my instructions will be followed?** If properly signed, your Oklahoma Advance Directive for Health Care is legally binding on your health care providers. If they cannot follow your directions, they are required to arrange to transfer your care to others who will.

13. **May I choose or refuse artificially administered water and food?** You can be sure that you do not receive tube feedings (artificially administered water and food) by stating your wishes in the living will. You can also do this by appointment in the health care proxy to make such decisions for you. If you do not give express instructions, tube feeding can be withheld from you only in very limited situations. You can also request tube feeding.

14. **What if I do not have an advance directive?** Without an advance directive, a legal guardian, if appointed by the court, will make medical decisions for you. Without an advance directive or court-appointed legal guardian, Oklahoma law is not clear about who will decide for you. Usually, your family, doctors and hospital can decide about routine medical care. However, if you have not given express instructions, your family is permitted to request withholding life-sustaining treatment and food and water only in very limited situations.

15. **What if I signed an "Advance Directive for Health Care" under the old law?** If you signed an advance directive under the old Oklahoma law, it is valid and binding under the new law. You may want to sign a new advance directive, however, because it covers more circumstances. (The new law went into effect on May 17, 2006.)

16. **What if I signed an advance directive in another State?** Advance directives signed in other States are valid and binding in this State for anything that Oklahoma law allows.

17. **What if I have other questions?** If you have other questions, you should discuss them with your doctors and other caregivers. For more information about advance directives contact the Oklahoma Department of Human Services Aging Services Division, 405-521-2281