

Patient Sticker

Patient Screening Form for Perioperative Medicine Clinic (PMC)

PLEASE ANSWER THE FOLLOWING QUESTIONS AND RETURN FORM TO OFFICE STAFF			
	QUESTIONS	YES	NO
1	Do you have any heart problems (chest pain, heart failure, bypass or stents)?	<input type="checkbox"/>	<input type="checkbox"/>
2	Do you have high blood pressure? Is your high blood pressure being treated and under control?	<input type="checkbox"/>	<input type="checkbox"/>
3	Do you have any problems with your lungs (asthma or emphysema)?	<input type="checkbox"/>	<input type="checkbox"/>
4	Do you have diabetes? Is your diabetes controlled by diet and exercise? Are you insulin dependent?	<input type="checkbox"/>	<input type="checkbox"/>
5	Do you take blood thinners?	<input type="checkbox"/>	<input type="checkbox"/>
6	Do you get short of breath walking up a flight of stairs (8 to 12 steps)?	<input type="checkbox"/>	<input type="checkbox"/>
7	Are you having any of the following surgeries? Cardiac, Vascular, Total Hip Replacement, Total Knee Replacement, Complex Spine, Major Open Abdominal Surgery	<input type="checkbox"/>	<input type="checkbox"/>

Patient Name: _____ **Date:** _____

OFFICE USE

Any YES answers to the questions above indicates the patient requires a PMC Visit

All NO answers to the questions above indicate no PMC visit is required



PREOPERATIVE CHLORHEXIDINE GLUCONATE (CHG)

Before surgery it is important that you take an important role in your surgical care. To assist in the prevention of surgical site infection, we ask that you follow these instructions to prepare your skin to be as germ free as possible. You will need to shower with a special soap called Chlorhexidine Gluconate (CHG). A common name for this soap is Hibiclens.

PRECAUTIONS

Read the "Drug Facts" information and directions on the bottle:

- CHG is not to be used on the head or face, keep out of eyes, ears and mouth.
- CHG is not to be used in the genital area.
- CHG should not be used if you are allergic to CHG or any other ingredients in this preparation.

INSTRUCTIONS

1. **You will take two showers. The first shower should be taken the night before surgery and the second shower on the morning of surgery.**
2. Wash your hair as usual with regular shampoo. Then rinse hair and body thoroughly to remove any shampoo residue.
3. Wash your face with regular soap or water only.
4. Wash your genital area with regular soap or water only.
5. Thoroughly rinse your body with warm water from the neck down.
6. Turn off the water to prevent rinsing the CHG soap off too soon
7. Use a fresh washcloth. Apply the minimum amount of CHG necessary to cover the skin. Use CHG as you would any other liquid soap. You can apply CHG gently to the skin and wash gently for 5 minutes with the wash cloth. Pay special attention to the areas of surgery.
8. Turn the water back on and rinse thoroughly with warm water.
9. Do not use the regular soap after applying and rinsing CHG. Regular soap will remove the CHG.
10. Pat dry with a clean towel.
11. Do not apply lotion, powders or perfumes to the areas cleaned with CHG.
12. Put on clean clothes.

Patient: _____ Date and Time: _____

Nurses Signature: _____ Date and Time: _____



Pre-Surgical Fluid Guidelines

Clear Liquids the day of surgery until 2 hours prior to arrival at the hospital.

A clear liquid diet helps maintain adequate hydration, provides electrolytes, as well as some carbohydrates to help with energy and healing.

The following are clear liquids that you are able to have the day of surgery:

- Water (plain or flavored)
- Fruit juices **WITHOUT** pulp, such as apple or white grape juice
NO orange juice, pineapple juice, or tomato juice
- Fruit-flavored beverages, such as lemonade
- Carbonated drinks, including dark sodas (cola and root beer)
- Gelatin
- Tea or coffee **WITHOUT** milk or cream
- Sports drinks
- Clear, fat-free broth (bouillon)
- Popsicles **WITHOUT** bits of fruit

No MILK PRODUCTS!!!

No HARD CANDY or GUM!!

****DO NOT DRINK after _____, the day of surgery!!!**

Patient: _____ Date and Time: _____

Nurses Signature: _____ Date and Time: _____