

Preoperative Assessment Center (PAC) WORKSHEET

Anesthesia Triage Walk-in Day of Surgery

Patients Sticker:			Surgery Date:	Today's Date:
TESTS/Chart review	Ordered	Complete	Times	Vital Signs
EKG			Time in: _____	B/P ____/____
CBC			HT Start: _____	R _____
PT/PTT			HT Stop: _____	HR _____
CHEM PANEL			Time Out: _____	O2 Sat _____
UA			Anesthesia Start: _____	Temp _____
UA C&S				Neck _____ cm
HCG			Anesthesia Stop: _____	Ht: _____
T& S				Wt. _____ kg
T& C				
NASAL SWAB				
OTHER: _____				
Consent Complete				
MDRO Screen Reviewed				
Pre-op teaching reviewed				

Give to patient when applicable.

- CXR: Your doctor or anesthesia staff has requested that you have a Chest X-Ray required for your surgical procedure. Report to Radiology Depart. Bld. 1, floor 2. If you do not complete your CXR you will be asked to return prior to the day of surgery to complete.

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Modern anesthesia is very safe, but like any medical procedure, there are risks. Major problems, even death or major disability can occur even in the best situation; however, these are very rare. Before surgery, you will be interviewed by an Anesthesia Provider and at the time, the risks and benefits of the types of anesthesia will be fully discussed with you and a final choice of anesthetic will be made. Please feel free to ask questions about your anesthesia care. Please complete and sign the following questionnaire. This will be reviewed by the Anesthesia staff and will be very helpful in determining the most appropriate anesthetic for you.

NAME OF PATIENT		PHONE NUMBER:	
AGE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT _____ in	WEIGHT _____ lbs

Allergies? Yes No **If yes, please list what you are allergic to and the reaction.**

Latex Allergy? Yes No

PLANNED SURGICAL PROCEDURE:

PAST SURGERIES & ANESTHESIA

Date	Procedure	Anesthesia (General, Spinal, Epidural, etc.)	Problems, if any

Current Medications: List all medications you are taking, include over-the-counter (e.g., aspirin, antacids, vitamins and herbals). The records in the computer generated list are not always up-to-date. It is very important for the surgeon and the anesthesia providers to have a complete list of the current medications you are taking in order to provide the safest care possible. If you do not know all of the medications you are on please bring a list with you on the day of your procedure.

Medication	Dosage	# of time you take per day or state "as needed"

PLEASE ANSWER ALL QUESTIONS TO THE BEST OF YOUR KNOWLEDGE

<input type="checkbox"/> Yes <input type="checkbox"/> No	Has anyone in your family had significant problems with anesthesia (death, high fevers, not waking up)? If yes, please explain.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has anyone in your family had Malignant Hyperthermia ? If yes, please explain.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the patient ever had a breathing tube placed ? If yes, were you told it was difficult?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any possibility that the patient is or might become pregnant ?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the patient had cold symptoms (cough, runny nose, fever, behavior change, difficulty breathing, shortness of breath, poor feeding) in the past 4 weeks?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Was your child born premature ? If yes, how many weeks?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child required oxygen therapy at home or did your child require a monitor after leaving the hospital?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the patient been diagnosed or is being evaluated for a congenital syndrome? If yes, explain?

HAS THE PATIENT, EVER HAD THE FOLLOWING? IF YES, PLEASE EXPLAIN BRIEFLY.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Lung or Breathing problems? (asthma/pneumonia/croup/bronchitis/Broncho pulmonary dysplasia) Any problems or hospitalizations in the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sleep Apnea (OSA)? CPAP/BiPAP machine? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Problems (Congenital Heart Disease/Irregular heartbeat/Murmurs)?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Pacemaker or defibrillator?
HAS THE PATIENT, EVER HAD THE FOLLOWING? IF YES, PLEASE EXPLAIN BRIEFLY.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney disease or Urinary tract infections? <input type="checkbox"/> Peritoneal dialysis
<input type="checkbox"/> Yes <input type="checkbox"/> No	Liver disease or hepatitis?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Blood disorders? (sickle cell/bleeding disorder/easy bruising/prior transfusion)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cancer? If yes, what type? Chemotherapy <input type="checkbox"/> Yes <input type="checkbox"/> No Past/Present chemotherapy medications: Radiation? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Neurologic problems? (myopathy/hydrocephalus/intra-ventricular hemorrhage/myelodysplasia)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle disease? (hypotonic/scoliosis/muscular dystrophy)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Seizure disorder? Date of last seizure: _____ Any recent medication changes? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Developmental delay?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes? Insulin pump? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Thyroid problems?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Adrenal disorders? (Steroid use in past 6 months?)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other medical problems: if yes, please explain:
MISCELLANEOUS QUESTIONS	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If offered, will the patient drink preoperative sedation medication?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the patient had surgery at Naval Medical Center San Diego in the past year?
<input type="checkbox"/> Yes <input type="checkbox"/> No	On the day procedure is the patient scheduled to have any other procedures, labs drawn or other tests? If yes please explain
<input type="checkbox"/> Yes <input type="checkbox"/> No	On the day of surgery is there any reason that you would not be able to come in at 0500-0630 am? If yes please explain:
POST-OPERATIVE NAUSEA AND VOMITING SCREENING # OF YES ANSWERS:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will the surgery take longer than 30 minutes? Please answer if you know.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the patient age 3 or older?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the patient having Strabismus surgery?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the patient or relative of the patient have a history of post-operative vomiting or nausea?
OBSTRUCTIVE SLEEP APNEA SCREENING	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have difficulty breathing during sleep?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you observed symptoms of apnea?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you observed sweating while your child sleeps?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have restless sleep?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child breathe through his/her mouth when awake?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you worried about your child's breathing at night?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a family history of obstructive sleep apnea, sudden infant death syndrome, or apparent life-threatening events?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have behavioral problems?
MULTI-DRUG RESISTANCE ORGANISM SCREENING	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been told by a physician that your child had any Multi Drug resistant organism infection or colonization?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child recently been a patient in a trauma unit, Skilled nursing facility and have an open wound?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have a skin or soft tissue infection?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your child a dialysis patient or have they been hospitalized within the last 30 days?
<input type="checkbox"/> Yes <input type="checkbox"/> No	The previous statements are true to the best of my knowledge.
Patient Signature (or Parent/ Legal Guardian)	

PEDIATRIC SURGERY PREADMISSION INSTRUCTIONS

1. I am scheduled for surgery on _____. My surgeon is _____.

2. I will complete all ordered labs, x-rays, and diagnostic tests today unless otherwise instructed.

3. I understand **NO** food is authorized after midnight the night before surgery.

- I may breast feed my child until 4 hours prior to arrival time.
- I may give my child formula until 6 hours prior to arrival time.
- I may give my child clear liquids until 2 hours prior to arrival time.

The following are approved clear liquids at NMCS D: water, clear apple juice, 7-up/Sprite, Pediatlyte, Gatorade or other sports drink. **NO OTHER CLEAR LIQUIDS ARE AUTHORIZED AT NMCS D.**

4. I will take a shower and wash the area of surgery once the night before and once the morning of surgery as instructed with:

Antibacterial soap 2% HCG Cloth N/A hibiclens® betadine Other

5. I will not wear makeup or nail polish. (DO NOT APPLY LOTION, PERFUME, COLOGNE, SCENTED DEODORANT, OR POWDER AFTER SHOWERING. DO NOT SHAVE AREA OF SURGERY).

6. I **will not** take aspirin, aspirin containing products or anti-inflammatory medication (Motrin®, Advil®, Naprosyn®, Ibuprofen, Celebrex®) for 2 weeks prior and during post-operative care unless otherwise directed by my surgeon (excluding Ophthalmology patients). Patients, who have had heart stents, please consult your cardiologist before stopping any medication.

7. I will complete all pre-op preparations as instructed by my surgical clinic: Colyte® Enema Fleets Phosphosoda® Magnesium Citrate® Other _____

8. I **will** take regularly scheduled medications with a sip of water the morning of surgery unless otherwise instructed by anesthesia and/or my surgeon.

9. I will bring my Military ID Card for identification purposes or any other necessary paperwork. If you have an advanced directive, please bring it on the day of surgery. If you would like information about advanced directives, you may obtain this information at the front desk or at the NMCS D legal department.

10. I will bring crutches, braces, or support garments as directed by my surgeon.

11. I will bring containers and solutions for contact lenses, glasses, dentures, hearing aids, and a small overnight bag with toiletries if staying overnight.

12. I am permitted to bring a toy or comfort item for my child.

13. I will not bring jewelry (including body jewelry/piercings), money, credit cards or other valuables. If I choose to keep valuables or prosthetics such as glasses, dentures, or hearing aids, I understand that I assume liability and agree to hold harmless the U.S., the Dept. of the Navy, NMCS D, and/or any employee or agents of the foregoing for any claim that might arise as the result of loss of such valuables or personal effects.

16. I will call my surgeon if I develop a fever, rash, cold, or other illness between now and my scheduled date of surgery.

17. A maximum of TWO (2) people allowed accompany the patient into the pre-operative area. Children under 12 years old are not permitted.

18. I will have a responsible adult to take me home and stay the night after being discharged.

19. If I do not receive an automated message by 4 PM one business day prior to surgery, I will call (619) 532-6844 (option 1) or (619) 532-6335 for my arrival time. The unit is closed on weekends and holidays and you should call (619)532-9000 for your time.

20. I will check-in day of surgery at the Main Operating Room surgery check-in window located on the 4th floor of building 1.

21. If you have any other questions, please contact your surgical clinic.

I acknowledge I have read and understand the preoperative instructions as stated above. Not following these instructions may result in case delay or cancellation!

Patient / Legal Guardian Signature / Date
NMCS D 6000/31(5/14)

Nurse/Corpsman Signature / Date

Patient Label

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Frequently Asked Questions

Sedation and Analgesia for Diagnostic and Therapeutic Procedures

Why does my child need to be sedated for her MRI scan? I was told that the procedure is entirely painless.

Procedures such as MRI scans require the child to be completely still to ensure adequate quality of the scans. The scanner is a long tunnel, and during the scan there are loud noises similar to a motorcycle engine. This may present a scary and claustrophobic (closed-in) environment for most young children and even some adults. Scans last for 45 minutes to 2 hours depending on the areas to be scanned. Therefore, many children and even some adults require sedation even though the procedure does not cause any pain. The need for sedation is assessed by nurses and doctors responsible for her care in the MRI scanner based on her age, medical history and experience with past medical procedures. Parents may be asked for important information that will help to determine whether or not the child will need sedation.

What are the risks of sedation?

The majority of children undergo sedation safely with no side effects or adverse events. The minor side effects of sedation include nausea, vomiting, mild allergic reactions, headache and dizziness. Some children may experience prolonged or excessive sedation and in some, sedation may fail requiring the procedure to be rescheduled with general anesthesia. Some children may become agitated or restless during or after sedation.

The more serious adverse effects of sedative medications are slowed breathing, decrease in blood pressure or abnormal heart rate and rhythm. These adverse effects are fortunately rare. These risks are further reduced by obtaining a detailed medical history, choosing the best sedative medications based on this history, and by giving the medications in small doses and monitoring their effects closely. Also, careful observation and close monitoring of children during the procedure reduces risk from sedation. The most feared of the risks i.e. death and permanent injury are extremely rare and are further reduced by the above precautions.

Ways to Reduce Risk

- Sharing all information about your child's health (including all medications your child is taking, even those that can be obtained without a doctor's prescription) with the anesthesiologist prior to the procedure. This will allow the anesthesiologist to make a decision as to which type of anesthesia and drugs are safest for the patient
- Adhering to the guidelines you are given regarding limiting eating and drinking before the operation

- Continuing usual medications unless the anesthesiologist or surgeon recommends against it
- Ensuring that any other chronic illnesses are being optimally treated
- Having an anesthesiologist who is experienced in the care of children

Most children who undergo anesthesia will be quite comfortable and have no complications.

Why can't my child eat or drink before the MRI?

She cannot eat or drink because she is being sedated for the MRI. Sedative medications may cause the muscles of the throat, esophagus and stomach to relax. This may allow food and other stomach contents to come up into the esophagus and throat and these contents may then go into the windpipe and lungs. This can result in severe lung infections that may even require the child to be hospitalized. To minimize this risk, patients should not eat or drink before sedation.

Diet guidelines prior to anesthesia or sedation:

No food, milk, drink, candy or gum after 11 p.m. the evening before the procedure, except:

- Clear Liquids. Your child may drink Pedialyte or clear liquids until **2 hours before your arrival time**. Limit clear liquids to water, apple juice, white grape juice or Gatorade.
- Breastmilk. Babies may be breastfed until **4 hours before your arrival time**.
- Infant Formula. Healthy babies may have formula on the day of the procedure until **6 hours before your arrival time**. Do not add cereal. Do not use formula that has cereal already added.

Consoling a young child who is not allowed to eat is a challenge. Be vigilant that the child does not help himself to food or drink and keep him away from other children who are eating. A hungry child is very resourceful at finding things to eat (example: pieces of cereal under the car seat cushion), and a sympathetic brother or sister may be tempted to share food.

The entire process, from arrival through anesthesia and recovery, can be physically draining for any parent/caregiver. For your own well-being, we strongly encourage you to eat and drink prior to arrival.

Can you give your child his/her morning medicines?

Unless otherwise instructed, you may give your child his/her morning prescription medications while he/she is still allowed to take clear liquids. Remember — **DO NOT** give your child medication with applesauce or pudding, as these are considered solid foods. You may use Jell-O™ as an alternative to applesauce or pudding. Medications that are due later in the day may be given after your child has completed the test/procedure and recovered from anesthesia. Please give your child his/her usual respiratory medication treatments the day before and morning of the test.

How long does the sedation last? Will my child need to stay in the hospital once the procedure is complete? When can she resume her normal activity?

Depending on the sedative medication used and the child's response, some children may be awake at the end of the procedure and ready to go home soon thereafter once specific discharge criteria are met. Children, however, exhibit varied responses to sedatives. Therefore, it is often hard to predict how sedated or sleepy the child will remain after the procedure. Some children may continue to need monitoring and observation in the recovery room until they are awake. Most children, however, are able to resume their normal activity within a few hours after the procedure. Most children under 4 months of age will need to be admitted to the hospital for observation. Please be prepared to stay overnight with your child.

Where will your child recover after the test/procedure is completed?

If your child has completed a MRI scan, your child will be taken to the Post Anesthesia Care Unit (PACU) on the 4th floor of Building 1. We will make every effort to reunite you with your child as soon as possible. For safety reasons, only adults are allowed in the PACU. Please make arrangements for the care of your other children so that you can be with your hospitalized child.

Your child may be receiving oxygen, have an IV, or may be attached to a monitor. A nurse will continue to monitor your child's heart rate, breathing, blood pressure, oxygen reading, and temperature regularly during recovery.

How long will it take for your child to wake up after anesthesia?

Each child wakes up differently. Some are wide awake in the recovery room; others are groggy for hours. You will be instructed **NOT** to wake your child if he/she is sleeping. Some children wake up very confused and agitated for ten minutes to one hour after the procedure.

Approximately one third of children, especially those under six, experience "emergence delirium." They appear to be awake, but are not really aware. During this time, the child may cry, thrash, and reach for the parent. Nothing seems to calm the child. It is upsetting to watch but usually goes away by itself. Your nurse will make sure that your child is safe. Sometimes, a quiet, dark room can help the child go back to sleep. Usually, it just takes time for the effects of anesthesia to wear off. Try to stay calm, speak softly, and comfort your child. He/she will not remember this excited state and often, will wake up feeling fine.

When can your child eat again and resume his/her home medications?

Once your child is awake and able, he/she may gradually resume feeding. Unless otherwise instructed, infants may receive their usual formula or breast-feeding. Children on special diets or tube feedings may resume their routine as tolerated. Anesthesia may cause nausea and vomiting so you are encouraged to avoid foods high in fat or protein until your child is completely back to normal. We also suggest that you avoid feeding your child on the car ride home. If your child has nausea or vomiting prior to discharge, intravenous (IV) fluids and medication may be given to help your child feel better

Unless otherwise instructed, your child's home medication routine may be resumed. Children who are being admitted to the hospital following their test/procedure will have a diet plan and medications ordered once they are on the inpatient unit.

Are there any activity limitations after anesthesia?

Depending on the sedative medication used, children may continue to be sleepy and unsteady on their feet for a few hours after the procedure. Therefore, it is recommended that children who are sedated be observed in the car seat during the ride home. Additionally, a responsible adult should stay with the child for a period of 12-24 hours after sedation. Activities that need co-ordination such as swimming, use of playground equipment, climbing, riding a bike, roller-blading or skating should be delayed for 12-24 hours or until parents are sure the child is stable on his/her feet. Infants and young children need extra head support when being held and children who are able to walk will need assistance from an adult to keep them from stumbling into the furniture or falling down stairs. Quiet activities are recommended at home until the child is back to normal. Children are generally able to return to school 24 hours following anesthesia.

When will the results of the MRI be available?

The images acquired during the MRI study will be reviewed by the radiologist and entered into your child's medical record in 1-2 days. It is best to contact the provider who ordered the MRI by phone to receive the results, unless you have an upcoming appointment.

What do you do if your child has a problem after discharge from the hospital?

You will be given written discharge instructions before you leave the hospital. The instruction sheet will give you the phone numbers that you may call if you have a question or problem at home.

**Naval Medical Center San Diego
MRI QUESTIONNAIRE**

Date: _____

Name: _____

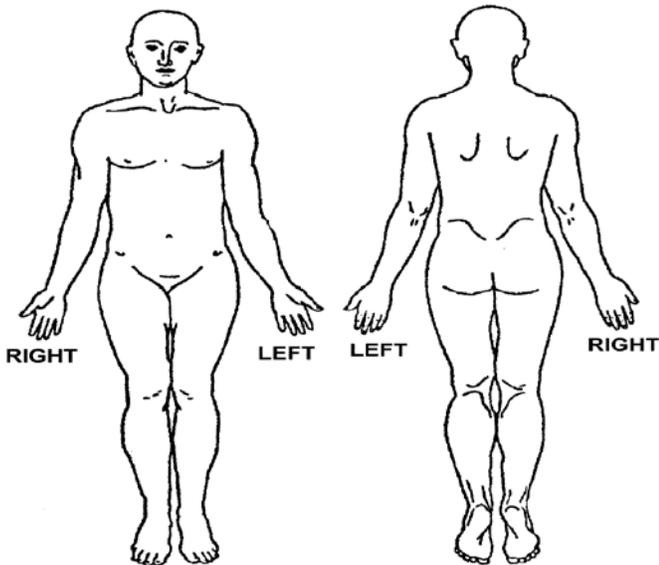
Birth Date: _____ Weight: _____

Phone Number: _____

The MRI scanner uses extremely strong magnetic fields that can produce heating, movement, or electric currents in ANY metal in or on your body. **WARNING:** This can be hazardous to you, if you have certain metal objects in or on you. Please complete this accurately and carefully.

Please circle Yes or No to ALL the following:

- YES NO Is this your first MRI?
- YES NO Are you claustrophobic (fear of confined spaces)
- YES NO Do you have any metal or objects possibly containing metal in your body? If so, please circle where and give any known information below:



Description of device(s): _____

Date(s) placed: _____
(Continue on back if needed)

- YES NO Cardiac pacemaker / lead wires
- YES NO Stents
- YES NO Aneurysm clip / coil
- YES NO Artificial heart valve
- YES NO Shunt (programmable/ non-programmable)
- YES NO Neurostimulator (any type)
- YES NO Leads or electrodes
- YES NO Possibility of any metal slivers in the eye
- YES NO Any electronic implant or device
- YES NO Medication patches
- YES NO Surgical staples, clips, or metal mesh
- YES NO Fractured bone/joint treated with pins, screws, nails, wire, or plate
- YES NO Dentures, partial plates, or braces
- YES NO Permanent makeup or eyeliner
- YES NO Prosthesis of any kind (eye, limb, etc.)
- YES NO Piercings or jewelry (remove prior to entry)
- YES NO Hearing aids (remove when instructed)
- YES NO IUD (Females) Type: _____
- YES NO Are you pregnant (Females)
- YES NO Have you ever been injured by a metallic object or foreign body (e.g. BB, bullet, **metal shards in the eye**, or shrapnel)?
- YES NO Have you had ANY surgery other than dental? Please, list date (approx.) and type:

(Continue on back if needed)

I attest that the above information is correct to the best of my knowledge.

Signature of Patient/ parent/ guardian:

Verified by (Tech initials): _____

**Naval Medical Center San Diego
MRI QUESTIONNAIRE**

(Continued from front side) _____

The following is to be completed for patients who may receive MRI CONTRAST (GADOLINIUM)

Your doctor has ordered an examination requiring the administration of an injectable contrast medium for MRI (Gadolinium DTPA). This contrast has proved very safe although there have been some mild reactions reported such as headache, nausea, and much less common adverse reactions (less than 1%) involving pain at the injection site, decreased blood pressure, fainting, abdominal discomfort, tingling, skin rashes or hives, seizures, and drowsiness. In patients with significant kidney failure there is also the risk of a serious disease named "Nephrogenic Systemic Fibrosis" which can lead to severe scarring of the skin and other organs and can be fatal. The risks, if any, to the human fetus during pregnancy are unknown. Because many drugs are excreted in human milk, we recommend temporarily discontinuing breast feeding for 24 – 48 hours if you are nursing.

Please circle Yes or No to ALL the following:

- YES NO Renal failure or kidney disease
- YES NO Hypertension (high blood pressure)
- YES NO History of diabetes
- YES NO Severe liver disease
- YES NO Previous reaction to Gadolinium DTPA
- YES NO Are you nursing? (Females)

For Tech use only:

Privacy Statement

This document is covered under the Privacy Act, 5 USC 552(a), the Health Insurance Portability and Accountability Act (PL 104-191) and its various implementing regulations and must be protected in accordance with those provisions. Healthcare information is personal and sensitive and must be treated accordingly. Disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized disclosure or failure to maintain confidentiality subjects you to application of appropriate sanction.

Tech (Sign): _____

(Print): _____

GFR _____ as of _____ Amount _____

Magnevist Eovist Gadavist Multihance Ablavar

Other _____