Harmony
SURGERY CENTER
2127 East Harmony Road, Suite 200 · Fort Collins, CO 80528
(970) 297-6300 · www.harmonyasc.com

PRE-OPERATIVE INSTRUCTIONS FOR SURGERY AT HARMONY SURGERY CENTER

Date & Time of Procedure:_____ **Please arrive at the Harmony Surgery Center 1 HOUR prior to your scheduled surgery time. CHECK-IN TIME:_____

Follow the instructions below STRICTLY for eating and drinking prior to your appointment.

*******For your safety, failure to follow these instructions will result in cancelation of your procedure. *******

STOP eating and drinking ALL food and liquids except for water, clear soda or apple juice **8 hours** before your arrival to Harmony Surgery Center, and then STOP drinking all water, clear soda and apple juice **2 hours** prior to your check-in time. This includes gum, mints, chewing tobacco, etc. **EXCEPTION: See note below if you take any GLP-1 medications.**

Pediatric Patients: Follow all above instructions except if breastfeeding - must stop feedings 4 hours prior to arrival or if using formula - must stop all feedings 6 hours prior to arrival.

NOTE: If you currently take any GLP-1 medications (semaglutide, Ozempic, Trulicity, Wegovy, etc.) you must not have any solid food intake for 24 hours prior to your procedure. You may only have clear liquids for the full 24 hours before procedure. STOP all clear liquids 4 hours prior to check-in time.

- Your doctor will advise you whether or not to take your regular medications. If you are told to take the medications, take them with a **small sip of water. **You must check with your provider for all medications, especially blood thinners. Continuation of blood thinners may result in cancellation of your procedure.**
- Notify your surgeon if you develop symptoms of cold, fever or other illness, as it may be necessary to postpone your procedure.
- If you have a Medical Power of Attorney or a Legal Guardian, you **must** bring a signed copy of the forms for our records. The guardian/Power of Attorney must be reachable by phone on the day of the procedure.
- **You must arrange for a ride home in advance!** You will not be permitted to drive or take a cab home. You cannot leave the facility alone. You can only be released in the care of a capable, responsible adult **(must be 18 years of age or older)** who must sign for you and accompany you home. A ride service is not a viable option as they will not take responsibility for your care at home.
- Please bring a book or something to keep you busy. You will have time waiting while in the facility.
- You will receive medications that alter your perception of time. Therefore, after your surgery, you may feel rushed. We will not send you home before it is safe for you to leave the Surgery Center. Expect to be discharged 60 minutes after your surgery.
- Your family/friend taking you home should plan on staying in the facility. We request that they do not leave during your procedure.
- Leave all jewelry and valuables at home. The Surgery Center cannot be held responsible for them.
- For pediatric patients, it is recommended for a family member to sit with the child in the back seat for the ride home.

***If you have any questions, please contact a nurse at 970-297-6303. We look forward to seeing you!**

Harmony SURGERY CENTER

Pre-Op Admit Orders

Patient Name:_____ Patient Weight:_____ Surgery Date:_____

Physician:_____ DX or Procedure:_____

Allergies

❑ NKDA

Pre-Op Prep

❑ Hair Removal:_____ ❑ Scrub: _____Betadine _____Hibiclens _____Prevail _____ Other:_____

DVT Prophylaxis

☐ Apply venous pressure pumps prior to surgery

☐ Do not apply DVT prophylaxis

Collaborative Practice: All patients scheduled for cases ≥90 minutes are to have venous pressure pumps applied prior to surgery unless ordered otherwise.

Prophylactic Antibiotic Orders

☐ **NO ANTIBIOTICS ORDERED**

	Surgical Procedure Category	Recommended Antimicrobial	Adult Dose	Redose Interval		Antimicrobial Prophylaxis for B-Lactam Allergies	Adult dose	Redose Interval
☐	**Orthopedic/Plastic/ Podiatry/ Urology**	Cefazolin	2gm (<120kg) 3gm (≥120kg)	4 hrs	**OR**	Vancomycin	<90kg – 1 gm ≥90kg – 1.5 gm	NA
☐	**Gastroduodenal**	Cefazolin	2gm (<120kg) 3gm (≥120kg)	4 hrs	**OR**	Ciprofloxacin **+** Clindamycin	400 mg 900 mg	NA 6 hrs
☐	**Biliary Tract**	Cefazolin	2gm (<120kg) 3gm (≥120kg)	4 hrs	**OR**	Ciprofloxacin **+** Metronidazole	400 mg 500 mg	NA
☐	**Hernia Repair**	Cefazolin	2gm (<120kg) 3gm (≥120kg)	4 hrs	**OR**	Vancomycin	<90kg – 1 gm ≥90kg – 1.5 gm	NA
☐	**Colorectal/Appendectomy**	Cefazolin **+** Metronidazole OR Cefoxitin	2gm (<120kg) 3gm (≥120kg) 500 mg 2 gm	4 hrs NA 2 hrs	**OR**	Ciprofloxacin **+** Metronidazole	400 mg 500 mg	NA NA
☐	**Head & Neck: Clean with placement of prosthesis**	Cefazolin	2gm (<120kg) 3gm (≥120kg)	4 hrs	**OR**	Clindamycin **+/-** Gentamycin	900 mg 5 mg/kg	6 hrs NA
☐	**Head & Neck: Clean-Contaminated**	Cefazolin **+** Metronidazole	2gm (<120kg) 3gm (≥120kg) 500 mg	4 hrs NA	**OR**	Clindamycin **+/-** Gentamycin	900 mg 5 mg/kg	6 hrs NA
☐	**Intrathecal Pumps**	Cefazolin	2gm (<120kg) 3gm (≥120kg)	4 hrs	**OR**	Vancomycin	<90kg – 1 gm ≥90kg – 1.5 gm	NA
☐	**Pediatric Patients**	Cefazolin	_____ mg/kg up to _____ mg		**OR**			
☐	**Other**							

Additional Day of Surgery Orders

Physician Signature _____ Date _____ Time _____

Important Billing Information ...

As you prepare for your procedure, we want to make sure you understand how you will be billed for the services you receive. At a minimum, you will receive three separate bills. The success of your procedure depends on a team effort by many dedicated professionals, including those in our Center. Because government and insurance rules do not permit us to bill or collect money for team members, each member must send you a separate bill and collect payment from you separately.

Surgery Center's Bill: You will get a bill from us for the facility fee. This fee is for the staff, supplies, equipment and medications we provide for your safe and successful experience here.

Physician's Bill: Since the physician performing your surgery is not an employee of the Center, he will bill you separately for his services. The physician's bill will be sent from the physician's office for performing the procedure.

Anesthesia Bill: The anesthesia you receive during your procedure will be provided by a certified registered nurse anesthetist and/or an anesthesiologist and you will be monitored throughout the procedure. Please call 970-224-2985 if you have questions regarding anesthesia.

Other Bills: Depending on several factors related to your procedure, you may receive services and additional bills which may include:

- **Laboratory Bill:** Which may include fees for blood or urine tests.

- **Pathology Bill:** Which may include testing of any tissue samples taken during the procedure – pathology results will be available from your physican's office 7-10 days after your procedure.

Our staff will do their very best to help you with questions and guide you to the proper sources of information. Please contact your insurance company in advance to verify network status, benefits and facility coverage. If you have any questions about this information, please contact us at (970) 297-6435, (970) 297-6454 or (970) 297-6449. Thank you!