

**PRE-OPERATIVE INSTRUCTIONS FOR SURGERY AT HARMONY SURGERY CENTER**

**To prepare yourself for your upcoming procedure, please follow the instructions given below.**

**Please read them carefully!**

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

- Please visit our website at [www.harmonyasc.com](http://www.harmonyasc.com) . Click on the Patient Forms tab at the top of the page and fill out the Health History and Medication List forms. Please submit these forms electronically prior to your date of service. *If you do not have online access, these forms will be available for you to fill out on your procedure date.*
- If you need directions to our facility, please visit our website at [www.harmonyasc.com](http://www.harmonyasc.com)
- Please **bring your insurance card and photo ID with you**. Please bring your eye glasses with you.

**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.*

1. 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
  2. STOP drinking all water, clear soda and apple juice **2 hours** prior to your arrival.
  3. **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.**
- Your doctor will advise you whether or not to take your regular medications. If you take the medications, take them with a **small sip of water**.
  - If you use a CPAP machine at home, please bring it with you.
  - Notify your surgeon if you develop symptoms of cold, fever or other illness, as it may be necessary to postpone your procedure.
  - Remove make-up and nail polish. Shower the morning of surgery, your physician may also have you perform other cleansing preparations before you arrive for surgery. If having hand surgery, you must remove artificial nails.
  - If you have a Medical Power of Attorney or a Legal Guardian, you **must** bring a signed copy of the forms for our records.
  - **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.
  - 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.
  - 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!**

**Pre-Op Admit Orders**

 Patient Name: \_\_\_\_\_ Patient Weight: \_\_\_\_\_ Surgery Date: \_\_\_\_\_  
 Physician: \_\_\_\_\_ DX or Procedure: \_\_\_\_\_

**Allergies**
 NKDA

**Laboratory**
 CBC  PT/INR  BMP  Urine HCG  Other: \_\_\_\_\_

**Cardiovascular/X-Ray**
 EKG: \_\_\_\_\_ To be read by Cardiologist \_\_\_\_\_ Used as Baseline  CXR  Other: \_\_\_\_\_

**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  $\geq 90$  minutes are to have venous pressure pumps applied prior to surgery unless ordered otherwise.**
**Multimodal Medication Orders**
 Multimodal Medications for **NON-Bariatric** Cases:

1. Pepcid 20mg IV x 1
2. Tylenol 1000mg PO x 1 (hold for severe liver disease or cirrhosis)
3. Gabapentin 300mg – 600mg PO x1 (hold if allergic or if patient already took their own dose morning of surgery)
4. Celebrex 400mg PO x 1 (hold if allergic or if patient already took their own dose of Celebrex or any other NSAID morning of surgery)

 Multimodal Medications for **Bariatric** Cases:

1. Tylenol 1000mg po x1 (open capsule and mix with gabapentin oral solution immediately prior to administration) (hold for severe liver disease or cirrhosis)
2. Gabapentin 50mg/ml oral solution 300-600mg (6-12ml) (hold if allergic or if patient already took their own dose morning of surgery)
3. Celebrex 400mg (open capsule and mix with gabapentin oral solution immediately prior to administration) 1 (hold if allergic or if patient already took their own dose of Celebrex or any other NSAID morning of surgery)

**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
				OR			
<input type="checkbox"/> ORTHOPEDIC/PLASTIC/ PODIATRY/ UROLOGY	Cefazolin	2gm (<120kg) 3gm ( $\geq$ 120kg)	4 hrs	OR	Vancomycin	<90kg – 1 gm $\geq$ 90kg – 1.5 gm	NA
<input type="checkbox"/> GASTRODUODENAL	Cefazolin	2gm (<120kg) 3gm ( $\geq$ 120kg)	4 hrs	OR	Ciprofloxacin + Clindamycin	400 mg 900 mg	NA 6 hrs
<input type="checkbox"/> BILIARY TRACT	Cefazolin	2gm (<120kg) 3gm ( $\geq$ 120kg)	4 hrs	OR	Ciprofloxacin + Metronidazole	400 mg 500 mg	NA
<input type="checkbox"/> HERNIA REPAIR	Cefazolin	2gm (<120kg) 3gm ( $\geq$ 120kg)	4 hrs	OR	Vancomycin	<90kg – 1 gm $\geq$ 90kg – 1.5 gm	NA
<input type="checkbox"/> COLORECTAL/APPENDECTOMY	Cefazolin + Metronidazole OR Cefoxitin	2gm (<120kg) 3gm ( $\geq$ 120kg) 500 mg 2 gm	4 hrs NA 2 hrs	OR	Ciprofloxacin + Metronidazole	400 mg 500 mg	NA NA
<input type="checkbox"/> HEAD & NECK: CLEAN WITH PLACEMENT OF PROSTHESIS	Cefazolin	2gm (<120kg) 3gm ( $\geq$ 120kg)	4 hrs	OR	Clindamycin +/- Gentamycin	900 mg 5 mg/kg	6 hrs NA
<input type="checkbox"/> HEAD & NECK: CLEAN- CONTAMINATED	Cefazolin + Metronidazole	2gm (<120kg) 3gm ( $\geq$ 120kg) 500 mg	4 hrs NA	OR	Clindamycin +/- Gentamycin	900 mg 5 mg/kg	6 hrs NA
<input type="checkbox"/> INTRATHECAL PUMPS	Cefazolin	2gm (<120kg) 3gm ( $\geq$ 120kg)	4 hrs	OR	Vancomycin	<90kg – 1 gm $\geq$ 90kg – 1.5 gm	NA
<input type="checkbox"/> PEDIATRIC PATIENTS	Cefazolin	_____ mg/kg up to _____ mg		OR			
<input type="checkbox"/> 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 member, 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 physician'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!**