

Please complete Anesthesia worksheet, MRI questionnaire, sign the bottom of the Pre-op and Post-op instructions and send to the email below. You may also use the URL code below to send in pictures of the paperwork. please return paperwork atleast three business days prior to your procedure.

usn.san-diego.navmedcensanca.list.nmcscd-  
Preoplist@mail.mil



**Naval Medical Center San Diego  
MRI QUESTIONNAIRE**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

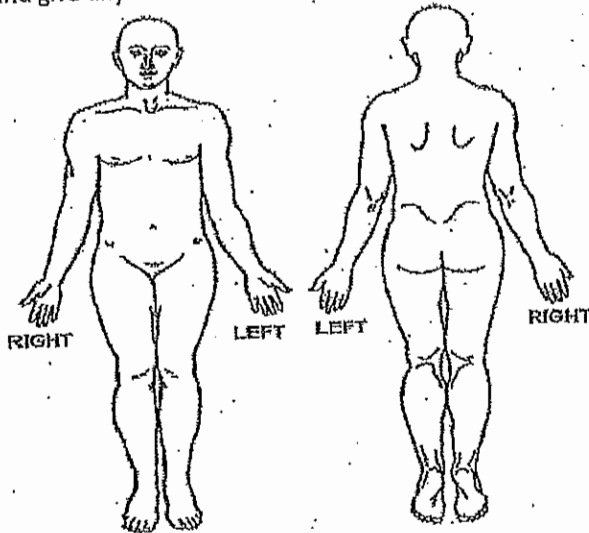
Birth Date: \_\_\_\_\_ Weight: \_\_\_\_\_

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 \_\_\_\_\_



Naval Medical Center San Diego Department of Anesthesiology  
Adult Patient Evaluation Screening Worksheet



Name:		Date of birth:	DOD:	
Phone:		Email:		
AGE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	Height in inches:	WEIGHT	lbs.
Please answer the following questions:				
Do you have sleep apnea; use CPAP or Bi-PAP and or told you need a sleep study?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have difficulty climbing stairs or walking 4 blocks? If YES, what stops you?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Chest Pain <input type="checkbox"/> YES Shortness of breath <input type="checkbox"/> YES Pain <input type="checkbox"/> YES Other:				
Do you have high blood pressure that requires three or more medications to manage?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a blood clot, stroke, carotid blockage or TIA (mini-stroke)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently taking blood thinners, such as Aspirin, Coumadin, Plavix, etc.?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have problems with bleeding after surgical or dental procedures?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a history of liver disease or cirrhosis?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a heart attack, or problems with your heart?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have diabetes that require insulin treatment?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any problems with anesthesia? nausea or vomiting <input type="checkbox"/> YES difficult airway <input type="checkbox"/> YES high fevers <input type="checkbox"/> YES awareness during surgery <input type="checkbox"/> YES malignant hyperthermia <input type="checkbox"/> YES				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have kidney problems (except for kidney stones or recurrent infections) that require treatment by a kidney specialist or are you on dialysis?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you pregnant or is there a chance you are pregnant?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have or have had any implantable devices? If yes, identify which device(s) below: <input type="checkbox"/> Pacemaker/Defibrillator <input type="checkbox"/> Cardiac Stent Year: <input type="checkbox"/> Ventricular Assist Device Year: <input type="checkbox"/> Insulin Pump				<input type="checkbox"/> Yes <input type="checkbox"/> No
Currently smoking 1 pack per day or more?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Current alcohol: More than 2 drinks per day				<input type="checkbox"/> Yes <input type="checkbox"/> No
Current recreational drug use?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If you do not speak to an anesthesia provider before surgery you will have the opportunity to on the day of surgery. Would you like to speak to an anesthesia provider prior to the day of surgery?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Any YES answers to the questions above indicate a patient requires an Anesthesia Phone Consult.				
Current Medication: List all medications you are taking, include over-the-counter (e.g., aspirin, antacids, vitamins and herbals).				
Medication/ Dosage # of time you take per day or "as needed" please continue list on the back of sheet if needed.				
1.		4.		
2.		5.		
3.		6.		
List Allergies:				
<b>OBSTRUCTIVE SLEEP APNEA (OSA) SCREENING</b>				
Do you SNORE loudly or have you been diagnosed with SLEEP APNEA? (Louder than talking or loud enough to be heard through closed doors)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you often feel Tired, fatigued, or sleepy during daytime?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Has anyone OBSERVED you stop breathing during your sleep?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have or are you being treated for high blood PRESSURE?				<input type="checkbox"/> Yes <input type="checkbox"/> No
NECK circumference greater than 15.75 inches? (Neck Circumference: _____ inches)				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>MALNUTRITION SCREENING TOOL (MST)</b>				
Have you been eating poorly because of a decreased appetite?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you recently lost weight without trying? If yes, how much weight have you lost? _____ lbs.				
<b>DIABETES SCREENING TOOL</b>				
Are you older than 45?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your BMI greater than 25? BMI=_____				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been told you have or been treated for high blood pressure or high cholesterol?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been told you have heart disease?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Females only: Have you been told that you had Gestational diabetes?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Females only: Have you been diagnosed with polycystic ovary syndrome?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Females only: Are you Post-menopausal? Or Have you had a Hysterectomy?				<input type="checkbox"/> Yes <input type="checkbox"/> No

## NMCS D ADULT PREOPERATIVE INSTRUCTIONS

Surgery date: \_\_\_\_\_ Surgeon: \_\_\_\_\_

**Not following these instructions may result in case delay or cancellation!**

<b>Pre-op tests:</b>	<ul style="list-style-type: none"><li>➤ Complete all ordered labs, x-rays, and diagnostic tests, <b>today</b>, unless otherwise instructed.</li></ul>
<b>If you get sick or decide to cancel your surgery:</b>	<ul style="list-style-type: none"><li>➤ Please call your surgeon if you develop a fever, rash, cold, or other illness between now and my scheduled date of surgery.</li><li>➤ If you have any other questions, please contact your surgical clinic.</li><li>➤ The Preoperative Assessment center does not cancel or reschedule surgeries.</li></ul>
<b>Time to report on the day of surgery:</b>	<ul style="list-style-type: none"><li>➤ You will receive an automated message by 4PM one business day prior to your surgery. We will use the phone number you write on the Anesthesia Evaluation.</li><li>➤ If you do not receive a call by 4:30 PM please call (619) 532-6844 (option 1) or (619) 532-6335 for your check-in time.</li><li>➤ On weekends and holidays, please call (619)532-9000 for your check-in time.</li><li>➤ <b>The message will start out by saying “This is the Preoperative Assessment Center, Naval Medical Center San Diego with the report time for your procedure.” Please disregard any other automated messages.</b></li></ul>
<b>Eating and drinking:</b>	<ul style="list-style-type: none"><li>➤ <b>Do not eat, drink alcohol, smoke, chew tobacco, chew gum or eat candy after midnight the night before your surgery.</b></li><li>➤ You are encouraged to drink clear liquids up to 2 hours before your check-in time.</li><li>➤ <b>Clear liquids:</b> Clear apple juice, Gatorade®, 7-up® or Sprite® or other sports drink. You may also drink black coffee (No creamers).</li></ul>
<b>Showering before surgery:</b>	<ul style="list-style-type: none"><li>➤ Take a shower and wash the area of surgery twice the night before and once the morning of surgery as instructed with: <input type="checkbox"/> Antibacterial soap <input type="checkbox"/> 2% HCG Cloth <input type="checkbox"/> N/A <input type="checkbox"/> Hibiclens® <input type="checkbox"/> betadine <input type="checkbox"/> Other _____</li></ul>
<b>Medications:</b>	<ul style="list-style-type: none"><li>➤ Take regularly scheduled medications with a sip of water the morning of surgery unless otherwise instructed by anesthesia and/or your surgeon.</li><li>➤ Do 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 (<b>excluding Ophthalmology patients</b>).</li><li>➤ Patients, who have had heart stents, please consult your cardiologist before stopping any medication.</li></ul>
<b>Bowel Prep:</b>	<ul style="list-style-type: none"><li>➤ Complete all pre-op preparations as instructed by staff in the surgical clinic: <input type="checkbox"/> Colyte® <input type="checkbox"/> Enema <input type="checkbox"/> Fleets Phosphosoda® <input type="checkbox"/> Magnesium Citrate® <input type="checkbox"/> Other</li></ul>
<b>Valuables:</b>	<ul style="list-style-type: none"><li>➤ Do not bring jewelry (including wedding bands and body jewelry/piercings), money, credit cards or other valuables.</li></ul>
<b>Make-up/Nail polish:</b>	<ul style="list-style-type: none"><li>➤ Do not wear makeup or nail polish</li></ul>
<b>Lotion/Deodorant/ Powder:</b>	<ul style="list-style-type: none"><li>➤ Do not apply lotion, perfume, cologne, scented deodorant, or powder after showering.</li></ul>
<b>Eyelash extensions:</b>	<ul style="list-style-type: none"><li>➤ Do not wear eyelash extensions if having eye surgery because this will increase the risk of infection. Also, if you wear eyelash extensions they might be inadvertently detached during the procedure.</li></ul>
<b>Shaving:</b>	<ul style="list-style-type: none"><li>➤ <b>DO NOT SHAVE AREA OF SURGERY. This may result in the cancellation of your surgery.</b></li></ul>
<b>Where to check-in day of surgery:</b>	<ul style="list-style-type: none"><li>➤ Check-in day of surgery at the Main Operating Room surgery check-in located on the 4th floor of building 1.</li></ul>
<b>Females:</b>	<ul style="list-style-type: none"><li>➤ If you are a female, upon checking in, you may be asked to provide a urine specimen to ensure that you are not pregnant.</li></ul>
<b>What to bring:</b>	<ul style="list-style-type: none"><li>➤ Bring your Military ID Card for identification purposes.</li><li>➤ Bring crutches, braces, or support garments as directed by your surgeon.</li><li>➤ Bring containers and solutions for contact lenses, glasses, dentures, hearing aids, and a small bag with toiletries if staying overnight.</li></ul>

<b>Active Duty:</b>	<ul style="list-style-type: none"> <li>➤ A signed AND approved copy of your Command Authorization for Surgery form is required to be faxed no later than noon the day before surgery to 619-532-8363 (Bring a copy on your surgery day). Confirm receipt by calling (619) 532-6844 (option 1).</li> <li>➤ Active duty members MAY NOT spend the night in the barracks or on the ship.</li> </ul>
<b>Significant others:</b>	<ul style="list-style-type: none"> <li>➤ Only <b>ONE</b> person is allowed to accompany you into the pre-operative area. Children under 12 years old are not permitted. You must have a responsible adult to take you home and stay the night after being discharged.</li> </ul>
<b>What to expect on the day of your surgery (please share this with your significant others):</b>	
<b>Admission paperwork:</b>	<ul style="list-style-type: none"> <li>➤ Upon arrival, we will have you up to sign your admission paperwork.</li> </ul>
<b>Pre-op hold area:</b>	<ul style="list-style-type: none"> <li>➤ When your surgical team is ready for you, we will escort you to Pre-Op Hold.</li> <li>➤ You will change into a gown and we will ask you a series of questions in preparation of your surgery.</li> <li>➤ You will then be interviewed by the operating room nurse, the anesthesia team, and the surgical team.</li> <li>➤ You will be asked the same questions a few different times. This is done purposefully to ensure your safety.</li> <li>➤ You will then be transported to the Operating Room. At this time, your family may explore the beautiful NMCS D campus or have a seat in the waiting room.</li> </ul>
<b>Length of Surgery:</b>	<ul style="list-style-type: none"> <li>➤ Please understand the expected length of your procedure quoted by your surgeon is only an estimate. Some surgeries take longer than estimated and sometimes scheduled surgeries are delayed by emergencies. Though we strive to start every case at the time it is scheduled, we apologize in advance if your surgery is delayed.</li> </ul>
<b>Recovery Room:</b>	<ul style="list-style-type: none"> <li>➤ In most cases, after your procedure you will go to the Recovery Room. The average time in the PACU is between one (1) and one and a half (1.5) hours. Family members are not allowed to accompany you in the PACU (only exception is parents of children).</li> </ul>
<b>Communication with significant others:</b>	<ul style="list-style-type: none"> <li>➤ After your procedure, your surgeon will communicate with your significant others about how the procedure went and how you are doing.</li> </ul>
<b>Going home same day:</b>	<ul style="list-style-type: none"> <li>➤ After the PACU you will go to your assigned room. If you are going home the same day you will most likely be going to our Same Day Surgery Unit.</li> </ul>
<b>Staying overnight:</b>	<ul style="list-style-type: none"> <li>➤ If you are staying one or more night, you will be going to an inpatient nursing unit.</li> </ul>
<b>Explanation of Admission forms you will sign on the day of your procedure:</b>	
<b>Authority To Admit:</b>	<ul style="list-style-type: none"> <li>➤ The registration form provides the hospital information about what medical service is admitting you, your significant other, the name, address, phone number, next of kin for emergency contact, and sponsor's information.</li> </ul>
<b>General Consent To Treatment:</b>	<ul style="list-style-type: none"> <li>➤ Gives providers at NMCS D permission to treat you, contains cost of medical care and food. The current cost of medical care per day for dependents of retirees varies, there is no charge for active duty, dependents of active duty, and retirees.</li> </ul>
<b>Privacy Act Statement:</b>	<ul style="list-style-type: none"> <li>➤ The Privacy Act Statement states that information in your health record will be kept private, and the information is released only on a need to know basis.</li> </ul>
<b>Advanced Directives And Patient Rights Acknowledgement:</b>	<ul style="list-style-type: none"> <li>➤ Please let us know if you <u>have or have not</u> executed an Advanced Directive. If you have an Advanced Directive, bring a copy with you on the day of surgery/ procedure or day of admission. If you would like information about advanced directives, you may obtain this information at the front desk or at the NMCS D legal department. Please let us know if you do or do not wish to execute an Advanced Directive at this time. For more information contact Naval Medical Center San Diego Legal Department Building 1, (619) 532-6475 Monday through Friday 8:00am-4:00pm</li> <li>➤ Information about your admission can be restricted; this includes information about your presence at NMCS D. Please let us know if you <u>do or do not</u> request this restriction.</li> </ul>
<b>Questions:</b>	<ul style="list-style-type: none"> <li>➤ Please feel free to ask us questions.</li> </ul>



[www.tricareonline.com](http://www.tricareonline.com)  
[www.ebenefits.va.gov](http://www.ebenefits.va.gov)



Veterans Crisis Line  
1.800.273.TALK (8255)



## Sedation or General Anesthesia, Child Care After

Refer to this sheet in the next 24 hours. These instructions provide you with information on caring for your child after the procedure. Your child's caregiver may also give you more specific instructions. Your child's treatment has been planned according to current medical practices, but problems sometimes occur. Call your child's caregiver if you have any problems or questions after your procedure.

### HOME CARE INSTRUCTIONS

- Watch your child carefully. It is helpful to have a second adult with you to monitor your child on the drive home.
- **Do not** leave your child unattended in a car seat. If the child falls asleep in a car seat, make sure his or her head remains upright. **Do not** turn to look at your child while driving. If driving alone, make frequent stops to check your child's breathing.
- **Do not** leave your child alone when he or she is sleeping. Check on your child often to make sure breathing is normal.
- Gently place your child's head to the side if your child falls asleep in a different position. This helps keep the airway clear if vomiting occurs.
- Calm and reassure your child if he or she is upset. Restlessness and agitation can be side effects of the procedure and should not last more than 3 hours.
- Only give your child's usual medicines or new medicines if your child's caregiver approves them.
- Keep all follow-up appointments as directed by your child's caregiver.

### If your child is less than 1 year old:

- Your infant may have trouble holding up his or her head. Gently position your infant's head so that it does not rest on the chest. This will help your infant breathe.
- Help your infant crawl or walk.
- Make sure your infant is awake and alert before feeding. **Do not** force your infant to feed.
- You may feed your infant breast milk or formula 1 hour after being discharged from the hospital. Only give your infant half of what he or she regularly drinks for the first feeding.
- If your infant throws up (*vomits*) right after feeding, feed for shorter periods of time more often. Try offering the breast or bottle for 5 minutes every 30 minutes.
- Burp your infant after feeding. Keep your infant sitting for 10–15 minutes. Then, lay your infant on the stomach or side.
- Your infant should have a wet diaper every 4–6 hours.

### If your child is over 1 year old:

- Supervise all play and bathing.
- Help your child stand, walk, and climb stairs.
- Your child should not ride a bicycle, skate, use swing sets, climb, swim, use machines, or participate in any activity where he or she could become injured.
- Wait 2 hours after discharge from the hospital before feeding your child. Start with clear liquids, such as water or clear juice. Your child should drink slowly and in small quantities. After 30

minutes, your child may have formula. If your child eats solid foods, give him or her foods that are soft and easy to chew.

- Only feed your child if he or she is awake and alert and does not feel sick to the stomach (*nauseous*). Do not worry if your child does not want to eat right away, but make sure your child is drinking enough to keep urine clear or pale yellow.
- If your child vomits, wait 1 hour. Then, start again with clear liquids.

**SEEK IMMEDIATE MEDICAL CARE IF:**

- Your child is not behaving normally after 24 hours.
- Your child has difficulty waking up or cannot be woken up.
- Your child will not drink.
- Your child vomits 3 or more times or cannot stop vomiting.
- Your child has trouble breathing or speaking.
- Your child's skin between the ribs gets sucked in when he or she breathes in (*chest retractions*).
- Your child has blue or gray skin.
- Your child cannot be calmed down for at least a few minutes each hour.
- Your child has heavy bleeding, redness, or a lot of swelling where the sedative or anesthesia entered the skin (*intravenous site*).
- Your child has a rash.

**MAKE SURE YOU:**

- Understand these instructions.
- Will watch your condition.
- Will get help right away if your child is not doing well or get worse.

Document Released: 04/21/2008 Document Revised: 06/18/2013 Document Reviewed: 04/17/2013  
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**If you are unable to contact your primary care manager, please report to the NMCSD Emergency Department for concerns regarding your child's care**