

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: _____

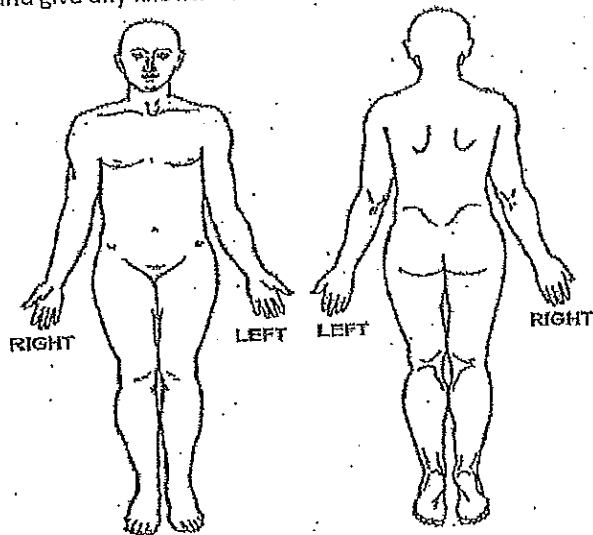
The MRI scanner uses extremely strong magnetic fields that can produce heating, movement, or electric currents in ANY metal in or on your body. **WARNING:** This can be hazardous to you, if you have certain metal objects in or on you. Please complete this accurately and carefully.

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
Pediatric 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:					
Family member with malignant hyperthermia or other significant difficulty with anesthesia					<input type="checkbox"/> Yes <input type="checkbox"/> No
Recent cough/cold symptoms					<input type="checkbox"/> Yes <input type="checkbox"/> No
Known difficult airway or history of difficult breathing tube placement; Abnormal airway or syndrome (e.g. Treacher-Collins, Goldenhar, Pierre-Robin, Cornelia de Lange, Hurler's, Hunter's)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Obstructive sleep apnea (OSA) or central apnea					<input type="checkbox"/> Yes <input type="checkbox"/> No
Cystic fibrosis or other chronic lung disease					<input type="checkbox"/> Yes <input type="checkbox"/> No
Oxygen need at home/ CPAP at home/ventilator dependent/tracheostomy					<input type="checkbox"/> Yes <input type="checkbox"/> No
Poorly-controlled or steroid dependent asthma					<input type="checkbox"/> Yes <input type="checkbox"/> No
Former premature infant with ongoing oxygen requirement or chronic lung disease					<input type="checkbox"/> Yes <input type="checkbox"/> No
Muscular dystrophy or other chronic neuromuscular problem including cerebral palsy					<input type="checkbox"/> Yes <input type="checkbox"/> No
Skeletal dysplasia, frequent bone fractures					<input type="checkbox"/> Yes <input type="checkbox"/> No
Progressive severe weakness					<input type="checkbox"/> Yes <input type="checkbox"/> No
Cervical spine instability/prior neck surgery/in neck brace					<input type="checkbox"/> Yes <input type="checkbox"/> No
Scoliosis requiring treatment of any kind					<input type="checkbox"/> Yes <input type="checkbox"/> No
Wheelchair bound					<input type="checkbox"/> Yes <input type="checkbox"/> No
Limitation in physical activity/exercise tolerance for age					<input type="checkbox"/> Yes <input type="checkbox"/> No
Neurologic problems to include syncope or "passing out" episodes					<input type="checkbox"/> Yes <input type="checkbox"/> No
Seizures: frequent or poorly controlled					<input type="checkbox"/> Yes <input type="checkbox"/> No
Metabolic disorders / storage disorders (e.g. Hunter's, Hurler's, mitochondrial disorder)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes with insulin therapy					<input type="checkbox"/> Yes <input type="checkbox"/> No
Kidney problems/ history of kidney problems					<input type="checkbox"/> Yes <input type="checkbox"/> No
Liver problems/ failure					<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood disorder of any kind to include anemia					<input type="checkbox"/> Yes <input type="checkbox"/> No
Sickle cell disease					<input type="checkbox"/> Yes <input type="checkbox"/> No
Clotting or bleeding disorders in patient or family					<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart murmur/ history of heart rhythm problems/ any sudden cardiac death in family members < 50 yrs of age					<input type="checkbox"/> Yes <input type="checkbox"/> No
Congenital heart disease, repaired or unrepaired or pulmonary hypertension					<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental delay/Autism/ADHD/anxiety/depression					<input type="checkbox"/> Yes <input type="checkbox"/> No
Nausea/vomiting after anesthesia/motion sickness					<input type="checkbox"/> Yes <input type="checkbox"/> No
Prematurity/NICU stay/Home apnea monitoring					<input type="checkbox"/> Yes <input type="checkbox"/> No
History of Cancer					<input type="checkbox"/> Yes <input type="checkbox"/> No
Implanted devices: IV access, VP shunt, baclofen pump, VNS					<input type="checkbox"/> Yes <input type="checkbox"/> No
Ethical concerns: Do-Not-Resuscitate status, family not wanting emergency blood product use for minor if needed					<input type="checkbox"/> Yes <input type="checkbox"/> No
Special requests or needs for your child regarding anesthesia:					<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"					
1.		5.			
2.		6.			
3.		7.			
4.		8.			
List previous hospitalizations and surgeries					
1.					
2.					
3.					
List Allergies					
1.		4.			
2.		5.			
3.		6.			

NMCSO CHILD PREOPERATIVE INSTRUCTIONS

Surgery date: _____ Surgeon: _____

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

Pre-op tests:	<ul style="list-style-type: none">➤ Complete all ordered labs, x-rays, and diagnostic tests, today, unless otherwise instructed.
If your child gets sick or decide to cancel your child's surgery:	<ul style="list-style-type: none">➤ Please call your surgeon if you develop a fever, rash, cold, or other illness between now and my scheduled date of surgery.➤ If you have any other questions, please contact your surgical clinic.➤ The Preoperative Assessment center does not cancel or reschedule surgeries.
Time to report on the day of surgery:	<ul style="list-style-type: none">➤ 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.➤ 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.➤ On weekends and holidays, please call (619)532-9000 for your check-in time.➤ 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.
What are the risks of sedation and anesthesia?	<ul style="list-style-type: none">➤ Share 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 surgery. This will allow the anesthesiologist to make a decision as to which type of anesthesia and drugs are safest for the patient➤ Adhere to the guidelines you are given regarding limiting eating and drinking before the operation.➤ Continue usual medications unless the anesthesia provider or surgeon recommends against it.➤ Ensure that any other chronic illnesses are being optimally treated.➤ Most children who undergo anesthesia will be quite comfortable and have no complications.
Why can't my child eat or drink before surgery?	<ul style="list-style-type: none">➤ Your child must follow the instructions for eating and drinking on the evening and day of surgery. Anesthesia 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 follow the Diet Guidelines below.
Diet guidelines prior to anesthesia or sedation:	<ul style="list-style-type: none">➤ No food, milk, drink, candy or gum after midnight the evening before the procedure, except:➤ Clear Liquids. Your child may drink Pedialyte or NMCSO approved clear liquids until 2 hours before your arrival time. NMCSO approved clear liquids include water, apple juice, Gatorade or other Sports Drink, or 7-up/sprite.➤ 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.

Bathing before surgery:	<ul style="list-style-type: none"> ➤ Ensure your child takes either a shower or bath 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% CHG Cloth <input type="checkbox"/> N/A <input type="checkbox"/> hibiclens ® <input type="checkbox"/> betadine <input type="checkbox"/> Other
Can you give your child his/her morning medicines?	<ul style="list-style-type: none"> ➤ Unless otherwise instructed by anesthesia and/or surgeon, 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 surgery and recovered from anesthesia. ➤ Please give your child his/her usual respiratory medication treatments the day before and morning of the test. ➤ Ensure your child does 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).
Bowel Prep:	<ul style="list-style-type: none"> ➤ Ensure your child completes all pre-op preparations as instructed by 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 _____
Make-up/Nail polish:	<ul style="list-style-type: none"> ➤ Ensure your child does not wear makeup or nail polish.
Lotion/Deodorant/Powder:	<ul style="list-style-type: none"> ➤ Ensure your child does not apply lotion, perfume, cologne, scented deodorant, or powder after showering.
Shaving:	<ul style="list-style-type: none"> ➤ Ensure your child does not SHAVE AREA OF SURGERY. This may result in the cancellation of the surgery.
Where to check-in day of surgery:	<ul style="list-style-type: none"> ➤ Check-in day of surgery at the Main Operating Room surgery check-in located on the 4th floor of building 1.
Females:	<ul style="list-style-type: none"> ➤ If your child is female and has menses, upon checking in, she will be asked to provide a urine specimen to ensure that she is not pregnant.
What to bring:	<ul style="list-style-type: none"> ➤ Bring your Military ID Card for identification purposes. ➤ Bring crutches, braces, or support garments as directed by the surgeon. ➤ Bring containers and solutions for contact lenses, glasses, dentures, hearing aids, and a small bag with toiletries if staying overnight. ➤ You may bring one toy or comfort item for your child.
Parents and guardians:	A maximum of TWO (2) people allowed accompany the patient into the pre-operative area. Children under 12 years old are not permitted. There must be a responsible adult to take your child home and stay the night after being discharged. If you are accompanying a child having surgery, you must remain in the immediate area.
What to expect on the day of your surgery (please share this with your significant others):	
Admission paperwork:	<ul style="list-style-type: none"> ➤ Upon arrival, we will have you up to sign admission paperwork.
Pre-op hold area:	<ul style="list-style-type: none"> ➤ When your surgical team is ready for your child, we will escort you to Pre-Op Hold. ➤ You will change your child into a gown and we will ask you a series of questions in preparation of the surgery. ➤ You will then be interviewed by the operating room nurse, the anesthesia team, and the surgical team. ➤ You will be asked the same questions a few different times. This is done purposefully to ensure your child's safety. ➤ Your child will then be transported to the Operating Room. Once separated, we ask that you have a seat in the waiting room.
Length of Surgery:	<ul style="list-style-type: none"> ➤ Please understand the expected length of the procedure quoted by the 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.
Where will your child recover after the	<ul style="list-style-type: none"> ➤ Your child will be taken to the Post Anesthesia Care Unit (PACU) on the 4th floor of Building 1.

test/procedure is completed?	<ul style="list-style-type: none"> ➤ 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?	<ul style="list-style-type: none"> ➤ 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.
How long does anesthesia last? Will my child need to stay in the hospital once the procedure is complete? When can S/he resume normal activity?	<ul style="list-style-type: none"> ➤ Depending on the type of anesthesia and the types of medications used and the child's response, some children may be awake at the end of the surgery and ready to go home soon thereafter once specific discharge criteria are met. Children, however, exhibit varied responses to anesthesia. Therefore, it is often hard to predict how sedated or sleepy the child will remain after surgery. Some children may continue to need monitoring and observation in the recovery room until they are awake. 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.
When can your child eat again and resume his/her home medications?	<ul style="list-style-type: none"> ➤ 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 surgery will have a diet plan and medications ordered once they are on the inpatient unit.
Are there any activity limitations after anesthesia?	<ul style="list-style-type: none"> ➤ Depending on the type of anesthesia and the choice of medications, children may continue to be sleepy and unsteady on their feet for a few hours after the procedure. ➤ Therefore, it is recommended that children 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 surgery. ➤ Activities that need coordination 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.
What do you do if your child has a problem after discharge from the hospital?	<ul style="list-style-type: none"> ➤ 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.

Explanation of Admission forms you will sign on the day of your procedure:	
Authority To Admit:	➤ The registration form provides the hospital information about what medical service is admitting your child, your address, phone number, next of kin for emergency contact, and sponsor's information.
General Consent To Treatment:	➤ 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.
Privacy Act Statement:	➤ 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.
Advanced Directives And Patient Rights Acknowledgement:	<p>➤ Please let us know if you <u>have or have not</u> executed an Advanced Directive. If you would like information about advanced directives, you may obtain this information at the front desk or at the NMCS D legal department. For more information contact Naval Medical Center San Diego Legal Department Building 1, (619) 532-6475 Monday through Friday 8:00am-4:00pm</p> <p>➤ Information about your admission can be restricted; this includes information about your child's presence at NMCS D. Please let us know if you <u>do or do not</u> request this restriction.</p>
Questions:	➤ Please feel free to ask us questions.



www.tricareonline.com
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.

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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**